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On the Diseases and Injuries of Seamen. By G. R. B. Horner, M. D., Surgeon U. S. Navy, Philadelphia.

In our preceding remarks we have spoken of the means of obtaining healthy and capable persons for sea service, and of the best methods of keeping them efficient—many may be kept so—but in spite of all precautions, some cases of disease or injury will certainly occur among them, it matters not how small a crew may be. When it is large, on a long voyage, we must expect a corresponding increase in the number of disabled. It has appeared, then, that it might be useful for me to give an account of the diseases and injuries I have met with at sea, and of the curative means adopted, but chiefly of those which have been found the most efficacious, without undertaking to give a learned treatise, either on new or old remedies, and entering into a long disputation on the theory of the diseases, and the many modes of practice recommended since their first discovery. The reader likewise must not be disappointed, if he should find omitted many of the nice distinctions now made in their names, and which serve to create confusion and obscurity rather than to elucidate the

nature of diseases. Pedantic terms may sound melodiously, and yet fail in sense and imparting knowledge either respecting the manifold diseases to which the human race is liable, or the multitude of remedies used for their cure. For this latter reason a grand display of Latin prescriptions, setting forth long lists of medicines, puzzling the writer as well as reader to remember well, will be sedulously avoided—not only for this reason, but from my want of belief in the efficacy of making such heterogeneous compounds, and from my preferring simple remedies. After these preliminary remarks, I will observe, that although, as is well known, seamen are subject to the same diseases and injuries as landsmen, they are often modified by their peculiar mode of living. Seamen work, sleep, eat, drink, and dress differently from the former. At sea this happens from necessity; on shore from habit. The floating, peculiar structure of their ever-moving habitations, also produces changes in the disorders and injuries of seamen, and hence we find them varying frequently according to the class and state of their vessels, the general management of these, and the weather or climate where they are; yet, when any one disease becomes epidemic in a ship, at the same time that it commonly spreads with rapidity, from the crew being as it were imprisoned together, and it not being possible to perfectly separate the sick from the well, the type of the disease will be found very much alike. This will be rendered greater by their similarity of living, as respects food, drink, clothes, and other modifying causes. From the impossibility of flight, when an infectious or contagious complaint occurs in a vessel at sea, and far from port, all in her, except a few who may be protected from the disorder, know their liability to being attacked, and are not so susceptible of being seized with a panic as people on shore, and soon become accustomed to the danger, and resigned to whatever fate awaits them. Familiarity, too, with dangers from other causes blunts a sailor's sense of fear, and though his limited views into futurity should not make him a predestinarian, he suffers whatever evil befalls him with singular resignation, and meets death without fear. Hence I never knew this to kill a sailor, nor one to be accused by his physician of having died of fright. On the contrary, sailors bear disease with patience, meet death with philosophic complacence; and if they get

well, pursue their erratic occupations and dissolute amusements with no apparent compunctions of conscience. Though they may read some of the numerous bibles distributed by societies in every vessel, and attend divine worship with great decorum, they are apt to do the first for pastime, and the last from the mechanical effects of discipline. The sacred books being put down, the service at an end, they become as reckless as ever, and think no more of what has been read or heard. When death at last is impending, they may take the medicines prescribed, from respect and obedience, but may care so little about it as to reject them, as I once saw done by an old sailor named Michael Leopold, dying of diarrhœa, caused by his being entrusted with a bottle of dissolved tartar emetic prescribed by the surgeon for a chronically enlarged testis. When he had been excessively prostrated, and the clammy sweat of dissolution was upon him, he cried out that "he was dying, and he was glad of it; take that brandy-toddy away," said he, "I will have none of it, for when I wanted it you would not give me any." Thus the old man died without further medicinal aid, and striking every person present with amazement at his refusing what no sailor was ever before known to reject in any shape whatever, for every one believes in the sovereign efficiency of grog. Internally they think it possessed of wonderfully healing powers—even greater than that of tar to any hurt, or of that panacea brown soap and sugar for an application to all boils and swellings, and external affections generally, whether the result of disease or injury. Some of the most ordinary external disorders to which seamen are liable are the former of every grade, from the smallest boil to the most aggravated phlegmon, partaking occasionally of a carbuncular character, involving all the tissues of the skin, and resting on the investing fasciæ of the muscles beneath. When this occurred the local inflammation occasioned great pain and febrile symptoms, the patient was unfit for duty, had to be taken on the sick list, and to undergo regular treatment.

The same had to be done in cases of less severity, and which were attended with only local symptoms, either from their disabling the affected parts, interfering with the proper use of the limbs, or it not being possible, while the patients were performing duty, to treat them conveniently. In cases of all kinds,

these phlegmons would not be regarded as of local origin only, and in their treatment it was necessary to regulate the diet, forbid gross, crude, irritating ingesta, and to administer medicines internally to expel them, and restore the system to a healthy state. Saline cathartics were sufficient, usually. Severe cases required magnesia alone, or with epsom salts, or rhubarb, at the same time warm linseed poultices were applied, until suppuration had occurred, the phlegmons had came to a point, and then they were lanced so freely as not only to disgorge the cysts, turn out the hardened sloughs or cores in the centre, but to cause a copious effusion of blood from the parts surrounding the cysts. Afterwards, the poultices were renewed and reapplied until suppuration was complete, the parts had become soft and pale, and the pain subsided. The poultices were then left off, and some mild, soothing, astringent lotion used. A solution of the acetate of lead, in the proportion of a half drachm to a half pint of water, was commonly prescribed. Sometimes this lotion was introduced into the poultices to soothe the skin, and prevent a great extension of inflammation. Care was taken also to procure if possible flaxseed meal of good quality. In some places this cannot be obtained, and at Gibraltar the best that could be bought, instead of being soft, oily, and nearly white, was in cakes, hard, dry, dark, and like sawdust. Such flaxseed meal is said to be obtained from the seed after the oil has been entirely abstracted by heat and pressure, and is unfit for poultices. Better ones can be made of ship's biscuit, steeped in boiling water, and mingled with a little grease or oil, when sweet. If in port, fresh bread, made into a mass with milk, may be more convenient, and make a better substitute for a good linseed poultice: or one of mashed potatoes may be prescribed when bread is too dear, or cannot be had. For some phlegmons likewise an excellent poultice may be made by pouring boiling water on the inner bark of the red elm, after it has been cut or ground into small pieces. When thus prepared it becomes very pultaceous, soft, adhesive, and soothing.

Similar treatment to the above proved best in many other superficial affections, either of a local or general character, and arising from idiopathic or symptomatic causes. Local treatment was seldom alone adopted, and constitutional was never neglected

when there was reason to believe the local disorders were mere signs of general ones, as was found in many eruptions, abscesses formed in the cellular substance of the axillæ, or about the lower part of the rectum, or beneath and at the root of the finger nails, constituting felons or whitlows. To these I have found seamen as liable as seamstresses, and have no doubt of their arising often in them from depraved digestion and bad diet, as well as local injuries and too great use of their fingers. During my late cruise, numerous cases of this kind happened at the same period that phlegmons were prevalent; and in one day, there were three admitted on the sick list for the former. A like treatment was followed, and as soon as the poultices applied had induced suppuration, free incisions were made into the cavities formed, to discharge their contents, prevent these from travelling beneath the nails, tendons and fasciæ, and producing caries of the bones, as I have witnessed. In one instance, those of a middle finger became so diseased, and caused such fungus in the joints and soft parts as to oblige me to amputate it at its junction with the metacarpal bone. From time to time similar abscesses were met with in the feet, beneath the fasciæ and tendons of the soles, and were also cured by following the above practice of poulticing first and then making free incisions. But one of the most remarkable abscesses ever seen by me, was occasioned by a chronic rheumatism in the left hip, buttock, and adjacent parts. The person affected was a gigantic seaman, a blacksmith by trade, of the name of Heary Fry, who got the above affection by exposure in the Brandywine at New York in 1830. After he had suffered considerably there and while she cruised, he returned to the United States, and became armorer of the John Adams early the next year. During her cruise in the Mediterranean, he suffered greatly from pain in the parts—principally in the left hip and buttock, extending along the course of the sciatic nerve; used friction with vol. liniment, and wore a Burgundy plaster on the parts. Other local remedies were used, and in the middle of January, 1833, he was taken on the sick list, being no longer able to perform his duties. The skin over and about the left trochanter major was of a dark brown color, and much indurated. He was unable to stand, and limped; but both of the inferior extremities were of natural size, and his general health

was good. Treatment: Low diet, a poultice to the indurated parts, and a dose of calomel and jalap were directed. The next day, 20 leeches were applied, and the poultice continued. On the 18th, suppuration and ulceration had occurred; a fistulous orifice was formed over the lower part of the trochanter, and a probe was passed two inches and a half into the abscess. This increased rapidly, extended upwards and backwards, until it involved all the left buttock, and formed a number of other fistulæ above and below. One also broke out over the hip joint, and a scrofulous affection of it, as well as a lumbar abscess, were suspected. The purity of the pus discharged, its freedom from flocculi, the general absence of the marks indicative of a scrofulous diathesis, forbade such a conclusion; and the treatment was modified accordingly. It varied exceedingly, from the many turns the disease took. Sometimes, he was only locally affected, at others, he was feverish, and he was prescribed for accordingly, both local and general remedies. He took a number of blue pills, at intervals of one or more days; doses of Epsom salts and seidlitz powder, and rhubarb and magnesia in the morning; and had a solution of 5 grs. of the nitrate of silver in ℥i of water, injected into the abscess, to cause adhesion of its sides. A seton passed through two of the fistulæ, was used for the same purpose, and efficiently; the latter were repeatedly scarified—several incisions were made through the integuments, and finally, one almost a foot long was extended vertically down the buttock, to the back part of the trochanter, and in a line with the former. The gash was an enormous and frightful one—the parts divided were more than an inch thick; and had I known, before beginning, the extent of the abscess, I might have been deterred from it; but having made an incision of three or more inches, I did not reach the bottom of the abscess, and making another quite as long with a like result, I at last had to make a third one. Scraped lint was then laid in the abscess; the two lips of the wound were united with adhesive strips; a plaster of simple cerate and a compress put over it; some wine, warm rice water, a dose of laudanum, and friction with volatile liniment, were prescribed, to ease pain, and bring on reaction; for he had become faint, and was covered with a clammy sweat, although he had taken a dose of laudanum before the operation was begun.

After he had recovered from the immediate effects of it, the general treatment was renewed. This consisted chiefly of a diet drink made of sarsaparilla, sassafras and mezereon bark, and extract of liquorice macerated in water, and made into a decoction. But many other remedies were used, to counteract the untoward symptoms occurring from time to time—as fever, diarrhœa, swelling of the abdomen on the left side, and acute pain in different parts. Among these remedies were tartar emetic conjoined with the effervescing draught, acetate of ammonia, antimonial wine, tincture of opium, opium in substance, the sulphate of morphia endermically applied after blistering, and by enemata. On the 1st of June, three days after the operation, the dressings were removed, the wound was cleansed of a large quantity of clotted blood, and the bottom exposed. It was smooth, glossy and formd by the gluteal muscles chiefly, but it extended in various directions under the integuments, and had several fistulous outlets, one of which was on the posterior upper part of the thigh. On the 4th, the dressings were again removed, and I found that the lint had produced a healthy secretion of pus, and that granulations were springing up on all sides; but on the 9th, so much irritation was caused by the former, that the wound became inflamed, fever occurred, his pulse rose to 120 in the minute, and so much pain was occasioned in the hip joint, that the lint was taken out, and a neutral mixture, made of sup.-carb. of soda and vinegar, mingled with 50 drops of laudanum, was administered. The adhesive strips were renewed, as required; the nitrate of silver was applied also, to heal the lips of the wound; and after the fever had entirely subsided, to remove debility, he took the sulphate of quinia and diet drink. June 16th, the parietes of the abdomen anterior to the iliacus internus muscle, became tumid, and sore to the touch; continued afterward to swell, and were poulticed. Suppuration occurred; and on the 27th of August, I made an incision into the swelling, and discharged a large amount of pus. Becoming more prostrated in the mean time, he was given an infusion of cinchona ʒij., pulv. gentian ʒss., pulv. zingiber ʒi., in lbs. ij. of boiling water. Lead water was used, to remove excoriation caused by the strips; a seton was kept in two of the fistulæ until their cavities were nearly closed; and by these means and similar

ones, by the 12th of October, the wounds on the buttocks, as well as the fistulæ there, had perfectly healed, leaving a handsome cicatrix. Only one small fistula remained unhealed, and but a small quantity of pus issued from it; he had perfect use of the thigh; his general health had been restored, his strength, appetite and spirits had returned, and a speedy restoration to duty was anticipated.

This happy condition had been attained, although the ship had been cruising from one end of the Mediterranean to the other—had visited France, Greece, and Oporto—the whole summer conveying vessels through the Archipelago from Smyrna, and was then on her voyage homeward. Most unluckily, however, on the 2d of November, two days after she ran out of the straits of Gibraltar, he was seized with a catarrhal fever, ascribed to damp air on the Atlantic, and impelled before a strong Levanter, or east wind, which had driven the vessel out of the Straits against the rapid current making into them. A misty state of the atmosphere prevailed in this part of that ocean, which is about midway between the Straits and Madeira, and its ill effects I have frequently observed. To relieve him, a half drachm of laudanum and the same quantity of antimonial wine were given immediately, and the next day he took the last named article with a half ounce of spiritus mindereri every two hours. The sulphate of quinine was then discontinued. The symptoms still became more unfavorable, the fever continued, the fistula remaining in the left groin, increased to double its size, the skin extending from the former to the buttock became inflamed and erysipelatous, the cuticle peeled off, the buttock swelled, ulceration began in the cicatrices, after they had become livid and excoriated, and by the 11th, nearly all the newly formed parts had sloughed away, leaving a vast ulcer about three inches wide and about twelve long, or the whole length of the great incision. In the mean time his fever continued, the pulse was small and frequent, and his mind flighty. Nevertheless we did not despair, but continued the spiritus mindereri and antimonial wine, gave him hot marsh-mallow tea; bathed his feet in hot water; put a leech on each temple, and a lead water poultice to the inflamed parts. On the 7th, the fever having left him, the mixture was stopped, the poultice left off, an incision made into the upper part of the but-

tock, and a quantity of decomposed blood discharged. A plaster of mercurial ointment was then put on the buttock, the edges of the ulcer were brought together with adhesive plaster, and retained by a compress and belt. Delirium continuing, a sinapism was put to the nape of the neck, which relieved it; and to sustain strength, he was again given the diet drink and compound infusion of bark, with a fourth part of sherry wine in it. Great attention, as during the whole previous treatment, was paid to his regimen and general comfort. The mercurial ointment proving too stimulating, was diluted with three parts of simple cerate, and he soon began to recover. The sloughed parts healed rapidly, the fistula, by aid of frequent scarification and powdered cinchona, was filled up; and by continuing the above medicines as long as needed, and giving the sulphate of quinine, he still more improved. He also took a blue pill every other night, a dose of powdered rhubarb and calcined magnesia on the morning after for two days; and by the middle of the following January, the hip and buttocks were again perfectly healed.

Finally, by the 3d of February, notwithstanding the ship had been at sea nearly the whole time,—had visited Mogadore, gone to Madeira and Teneriffe, passed through the calm, hot latitudes between that island and Liberia, spent several days at Monrovia, thence crossed over to the West Indies, stopped a week at Martinique, and for a fortnight had been blown off the coast of the United States by a cracking northwester, which raised a tremendous sea, and greatly rocked her,—then all parts entirely healed, he walked without help, and was then transferred to the naval hospital at Norfolk. From that he was soon discharged, well, applied some time afterwards, at the Philadelphia rendezvous, to reship, and being perfectly sound, was taken into service again, to make the air resound with his sledge hammer and anvil. Though not lame, as his progenitor, Vulcan, he strongly reminded us of him, as his muscular arm and huge body heaved up and down, and his heavy blows were laid on the red hot iron. But I regret to add, that this valuable seaman died some years afterwards, on board one of our national vessels, of dysentery, contracted during his cruise in the East Indies.

Another instance of abscess of the left buttock, had occurred in the same vessel, and in the person of the ship's cook, a slen-

der, decrepid man of 45 years of age, who also had a cataract in the left eye and amaurosis of the right one; besides, was dispeptic and diabetic. As in the preceding case, the disease was preceded by symptoms of sciatica, pain in the hip joint, and swelling over the left sacro-sciatic notch. He was taken under treatment, likewise, during the winter, was cupped, leeched several times, blistered, poulticed, took blue mass repeatedly, magnesia, &c. to work it off; had the blistered surface sprinkled nightly with the acetate of morphia, and was given, besides the tonics mentioned, an infusion of quassia. For the benefit of his eyes, a seton was introduced and worn for weeks in the nape of his neck. But five months after his admission on the list, and during the following May, the abscess had perfectly formed, and being about to ulcerate through the skin, was opened by a valvular incision. About five ounces of flocculent, straw-colored pus, were let out. It continued to flow for more than three weeks; he became prostrated and hectical; and as the ship was bound on a long cruise into the Atlantic, he was transferred to the flag ship Brandywine. Of what became of him afterwards I have never heard, and cannot give the result of his complaint, but surmise it was a fatal one.

The following case of abscess of a different kind, was sent to the John Adams from the Constellation frigate, to be carried home. The person was J. D., a young, handsome, delicate marine, who was said to have an affection of the urinary organs, ascribed to a fall down a ladder. He had undergone little treatment, and, according to his own account, taken only one dose of medicine, a large one of calomel. Being of scrofulous habit, this had salivated him, and caused soreness of the mouth, with ulceration of the gums. He was then weak and hectical: and, a day or two after he came on board the ship, was observed to have a small swelling on the left side of the nose, and its bridge. He stated, he had had the former broken when he was a boy, and the venereal disease eight years before. There was no other evidence of this having any thing to do with his ill health, and he was treated correspondingly, and for mercurialism.

An incision was made into the swelling—a half ounce of pus discharged; and the cavity being probed, the left nasal bone was found rough and carious. He was put on a plain, nutritious

diet: took magnesia, to correct acidity of the stomach; had the lunar caustic applied to the fungus, which sprung out of the wound made on the nose. He took the sulphate of quinine, and two diet drinks, of which the following was the principal. It consisted of sarsaparilla, ℥viij., lignum guaiaci, ℥ij., sassafras, ℥iv., mezereon, ʒij., honey, ℥viij., and water, two gallons, which was boiled down after maceration to two gallons. This decoction was cooled, strained, and taken as required. In the second case, the guaiacum and mezereon, which were too acrid and stimulating, were left out, and senna leaves added. After this decoction had been boiled down as the other, it was sweetened with loaf sugar, and used in the manner as above. Three weeks after he was taken on board, the alveolar processes of the upper jaw were found carious, and the nasal process of the superior maxillary bone, as well as the nasal, eventually became affected. In the meanwhile the ship had got to Liberia, he had been more prostrated by the heat of the climate, and was prescribed bathing in cold sea water. By this treatment, he recruited, reached the United States safely, and some time subsequently recovered his health, with the loss of the bridge of his nose. This case is, I consider, a very striking one of the positively poisonous effects of mercury, and it proves the great impropriety of giving it without regard to the constitution of patients. It moreover appears, that it is given wrongfully in other than syphilitic cases, and that its use should be avoided when other medicines can be as well employed without such consequences. To show how usefully the preparations of mercury may be used, and yet prove injurious, I will give the account of another case, that of Samuel Mahoney, a young sailor of 22 years, tall, slender, and disposed to disease of the lungs. He had been treated 18 months previously for pleuro-pneumonia, and cured by means of V. S., nitrous powders of the common kind, containing calomel, thirty-six leeches to the chest, the spiritus mindereri, and tart. emet. blisters, the sulphate of morphia, and demulcent drinks. He was readmitted for a tumor on the posterior face of the right olecranon process, as large as a hen's egg, and resembling a wen. He stated, that three months before he had fallen on the elbow, and the tumor had formed since then. As it was increasing rapidly, it was cut off by an elliptical incision, and was discovered

to have been formed of a thick sac, containing a half ounce of yellowish serum, a fibrous mass adhering to the internal surface by tendinous bands. The base of the tumor adhered so closely to the bone that it could not be perfectly detached. After the incision, the edges of the wound were brought together with adhesive strips, a compress of lint was applied over them, a pasteboard splint was put in front of the joint, and a roller passed around the fore arm and it, to prevent flexion and the protrusion of the naked olecranon through the wound. These things done, he took a dose of Epsom salts and magnesia; and these medicines having worked too actively, and with the bleeding caused too much debility, he was given a dose of laudanum and tinc. of lavender. The dressing remained undisturbed for several days, and was then removed. Every attention was paid him; he was kept on low diet, and at rest, and yet the wound became unhealthy. Granulations sprung up, and it filled; became fungous; projected a half inch above the lips; a number of large pustules formed on the adjacent skin; a solution of sugar of lead was used as a wash for these, and the lunar caustic applied to the fungus time after time, and as often as the dressing was removed. Notwithstanding, the fungus continued to grow, and I determined to try constitutional with local treatment. After the operations had been done for more than a month, I prescribed blue mass, five grains every other night, and powdered rhubarb, ℈j, with magnesia, ʒj., the next morning, and the caustic was applied occasionally. This treatment had a most happy effect. The fungus quickly sank down, the edges of the wound approximated, and, by the 10th of January, three weeks before the ship arrived at home, a perfect cicatrix had formed, and the elbow was well. This cure strongly illustrated the utility of mercury; but to show what injury it at the same time did, I will state that, on the 17th of the previous month, without any reason to suspect venereal taint, the right inguinal glands began to swell; a bubo formed and suppurated: twenty days afterwards a second one formed in the same part; and five days subsequently a third one appeared in the left groin, between the scrotum and thigh. The latter bubo was indolent; the two first, on being poulticed, formed a single large abscess, and the last of the two discharged its contents through the incision of the first one. All of them were

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obstinate, and resisted local and general remedies. The nitrate of silver, Turner's cerate, cathartics, blue mass, and Lisbon diet drinks were of little service, and, in February, he was sent to the naval hospital of Norfolk, the buboes having been still unhealed, although his elbow remained sound. Hence, I was well pleased with the action of the blue mass in this respect, but was displeased at the palpable effect it had had in developing a scrofulous diathesis. Had the patient had chancres, or have been known to have been exposed to syphilis, the buboes might have been attributed to it; but neither was the fact; and his confinement to the ship or her boats for at least a year, rendered it impossible for him to have been infected within that period, as women were excluded from her.

A case of not less importance, if not of more, was that of a seaman transferred to the John Adams, at Athens, in Sept. 1833, from the flag-ship United States, which the year before had arrived in the Mediterranean. This case was also attended with enlargement of the inguinal glands, but he had in addition an induration of some of the lymphatic ones of the neck; one of the parotids was swelled, and there was extensive ulceration of the fauces, which had destroyed the right tonsil, and was attended with inflammation and tumefaction. He had been affected for nearly seven weeks, and nearly all his teeth were decayed. The molars had suffered most, pus filled the hollows, the gums were black, and a fistulous ulcer had penetrated the right side of the velum pendulum palati. His voice was hoarse and guttural, and deglutition difficult; the edges of the ulcers were thickened and inflamed; and, as he had had no venereal affection, was thin, pale, and had stronger marks of being of a scrofulous diathesis, his affection was considered to be of that nature; though, so far as I could learn, he had been treated only for an ordinary ulcerated throat, and had been using a number of gargles; among which there were two of the sulphate of copper and nitrate of silver.

Agreeably to my opinion of the scrofulous nature of his disease, an ointment of iodine, ʒj., basilicon, ʒj., was spread on a rag, and directed to be applied over the right parotid gland twice a day. He was also given a solution of iodine and hydriodide of potash, in distilled water, and in the dose of twenty drops, four

times a day. The dose was gradually increased to forty drops, and a strong solution of the nitrate of silver was applied twice a day to the ulcers by means of a mop.

In spite of this treatment the ulceration continued, penetrating the velum in another place, and then united the two parts together, so that it fell to the left side, and rested on the tongue. A sulcus was formed in the roof the mouth, and the palatine bones seemed to have been destroyed by caries. In the course of two weeks, however, the parts had improved, and the ulcer on the right side of the fauces had healed, though the velum on that side was nearly obliterated, and the uvula was considerably inclined to the other. The disease, however, continued in other parts, the fistula was detected in the right anterior half arch five weeks after he came under my care, and the solution of the nitrate of silver was reapplied by means of a hair-brush. This fistula remaining stationary, was then laid open with a scalpel, and bleeding very profusely, a solution of alum, in the tinct. of kino was successfully applied as a styptic; a diet drink of a similar kind to those mentioned was given. He took blue mass grs. x. every other night, the caustic was reapplied as required, the ulcers were scarified with a lancet repeatedly, and yet a month later the fauces were more inflamed, and so continued until in using the wash the half of what appeared to be the body of a dead bread worm was extracted from the ulcer in the velum. In a short time subsequently the throat became much less inflamed, the internal remedies were continued, and a gurgle of sulph. of zinc and sage tea used until it lost its good effect, and was then left off for the caustic in solution and substance. To remove costiveness several doses of cream tartar and sulphur in molases were given. Under this treatment, varied as required by the condition of the patient, his health was restored, the perforations in the palate closed, and the other ulcerated parts nearly healed by the time of his arrival in the United States. His transfer to the hospital prevented me from effecting a perfect cure, and this was the greater subject of regret as he had been under my care almost five months.

On the use of Sulphate of Bebeerine as a substitute for Sulphate of Quinia. By EDWARD D. DAILEY, M. D., of Smyrna, Del.

My attention was first called to the use of the *Sulphate of Bebeerine* as a substitute for quinia, in remittent and intermittent fevers, by the note of Prof. H. S. Patterson, published in the "Medical Examiner" for May, 1852, in which he urged upon the profession, the propriety of giving that drug a fair and full trial, both on account of its comparative cheapness and its freedom from producing the unpleasant effect upon the brain which sometimes follows the administration of quinine. Hoping I had found a remedy suited, in a great measure, to take the place of the last named salt, equally and in some cases more efficacious, and not obnoxious to the objection that it (quinine) is on account of its price, I sent to Philadelphia immediately—having at the time several obstinate cases of intermittent under treatment—and procured a quantity, for the purpose of giving the bebeerine a trial, and in which cases its anti-periodic properties were fully tested.

CASE 1st.—Mrs. H——, a widow lady from Philadelphia, then on a visit to Hunting Creek, Md.,—where I at that time resided—had had an intermittent for several months, for which quinia, bark in substance, the various preparations if iron, zinc, &c., had been used in succession, with the effect of checking the chill for a few days only; she had almost concluded to abandon entirely the use of medicine, and I was at a loss what to do for her (she postively refused to take arsenic) until I received the bebeerine. I then commenced giving her this in accordance with the recommendation of Prof. P., viz., ʒss. to ℥viii. water, with enough Elix. Vitriol to dissolve it, of which a table spoonful was taken every third hour during the apyrexia. The next paroxysm was not prevented but was delayed nearly three hours. After the subsidence of fever, she again took the bebeerine in the same manner, and so continued for two days entirely escaping the expected chill, nor had she any return during her stay in Maryland, which was five months after "missing her chill." I, however, continued the administration of the remedy by way of precaution, and on account of its tonic properties, gradually diminishing the dose, and at longer intervals, for a week. With the result of this trial, I was

highly gratified, and was confirmed in the determination to still further test its power.

Case II.—Miss H. D——, aged 17, had had three fits of ague, recurring every day, one day in the morning, the next in the afternoon—a double tertian. The patient was of bilious temperament, tongue covered with a dirty white coating, complexion icterode, sclerotica in the same condition, bowels constipated, with scanty high colored urine. I gave hydrarg. proto chlor. grs. x. to be followed in six hours by Ol. ricini ℥j., which purged her freely. I then gave the bebeerine in the same manner as in case I. Still the paroxysms continued to occur with no sign of abatement, notwithstanding I persisted in the treatment until she complained of a burning sensation in the stomach, when I withdrew the bebeerine, and one hour previous to the time for the next paroxysm, gave her sulph. quinine grs. viii., which completely warded off the chill; and by the use of Vallet's proto-carb. iron she speedily regained her strength and color.

Since the above I have used it in many cases with variable success, but as a general rule I have not been so well satisfied with its results as I have been with those from quinia. Notwithstanding I have used four ounces I do not know that I have met with more than three cases in which the recovery was clearly attributable to the bebeerine.

That the sulphate of bebeerine will ever supersede the sulph. of quinine I have not the remotest idea; first, because its *anti-periodic* properties are not so certain nor so speedily obtained; 2dly, because the sulph. of quinia is by far the cheaper article of the two.

Quinine may be had for from three dollars to four and a half per ounce, and from ten to twenty grains will usually cure an intermittent; whilst on the other hand, I paid for bebeerine fifty cents a drachm, which brings it above the average price of quinine, and in no case will less than from 30 to 60 grains effect a cure.

That bebeerine is a good general tonic, no one who has used it, will, I apprehend deny, and for that purpose I am in the habit of prescribing it; but even as a tonic we have others equally efficacious and much lower in price. At my suggestion, my friend Dr. W. D. Noble, of Federalsburg, Md., and my brother

Dr. S. T. Dailey of Somerset county, in the same State, have used bebeerine and their experience corresponds with my own.

A Singular Case of Delirium Relieved by Chloroform. By C. J. Pope, M. D., of Alabama.

What I propose on the present occasion is, to direct attention to the internal administration of chloroform in all cases of exaltation of vital action, dependent on nervous excitability.

The effects of this remedy in the case recorded below, although a solitary one, were so marked and salutary, that my mind was brought to the conclusion that in all similar cases its effects would be no less striking.

About the first of February I was called in haste to see a lad, of about fourteen years of age, who, immediately on rising from his bed, at a very early hour in the morning, and before it was entirely light, went under the dwelling of his father for the purpose of getting the eggs out of a hen's nest, in a hole of considerable depth, scratched out by the dogs. On getting into the hole, which was in depth about two-thirds his entire length, the hen which he had not supposed to be on the nest at that early hour, flew into his face, and this circumstance, together with that of his hold breaking, on attempting quickly to recover himself, so frighted him that spasms of the most violent character were the result. I saw him in half an hour after this happened, and at once opened the temporal artery, and bled him two ounces, which however had no effect in controlling the spasms. In a few minutes after the blood was stopped, I gave him an injection of tinct. of lobelia. In five minutes the violence of the spasms seemed to be slightly controlled, but returned again in ten minutes more. The lobelia was again administered with the same partial effect, which lasted about the same length of time. Foiled in all my efforts thus far to arrest the spasms even temporarily, I had recourse to many other antispasmodics, but to no effect. The spasms continued for thirty-six hours, at the end of which time they passed off, and left him in a most singular state of delirium, which lasted seven or eight days without a lucid interval.

Large doses of opium and camphor would partially quiet him for an hour or two, but the delirium invariably returned. Finally,

having given up all hope of his recovery, I resolved upon the following prescription: Aquæ camphoræ ℥ii, tinct. valerian ʒii, chloroform ℥i, mixed. Of this I gave him a tablespoonfull, and in five minutes I perceived indications of quietude. I waited one hour and a half, at the expiration of which time I found symptoms of returning delirium. I then gave him a second and rather larger dose. In ten minutes he was quiet, in twenty-five minutes I had the satisfaction of seeing him in a fine sleep, which lasted all night, (it being then about ten o'clock,) and out of which he awoke on the following morning, entirely restored in mind, without any consciousness of what had transpired during the eight days of his illness.

His convalesence was prompt, and his recovery perfect.

A New Method of Treating Syphilitic Bubo. By B. W. Hazlett, M. D., of Wheeling, Virginia.

To the Editors of the Medical Examiner:

Gentlemen,—Through the medium of your periodical allow me to notice a method of treating Suppurating Syphilitic Bubo, which I find not made mention of elsewhere. The rationale of treatment is familiar to surgeons in chronic abscess, &c., &c., but no use has been made of it in suppurating lymphatic of specific character. My plan is simply to inject with the common ear-glass syringe of the following formula:

℞ Argent nitrat. cryst. . . . . gr. xxv.
Aquæ distillat. . . . . ℥i.
Mix.

Some little tact is necessary to bring the fluid in contact with the entire suppurating surface. This will be accomplished by care in the position of the patient, permitting the injection to gravitate to the extent of the bubo. If this is not effected easily, pressure from behind will drive the cautery to all the sinuses and interstices that exist. I am partial in opening (with the common thumb lancet) the bubo as soon as pus is separated, and immediately, on pressing out the virus, to administer the injection. In this manner I have seldom used more than *one* injection, and in cases where extensive sinuses exist, *two* are all-sufficient.

The advantage over the old method of destroying the skin with

the potassa fusa, or excising with the knife, and waiting the tedious process of granulation, must be apparent, besides obviating the unpleasantness of confinement to bed.

Case of Suffocation. Reported by G. R. B. Horner, M. D., Surgeon U. S. N.

Sunday, June 10th, in the morning, Mary Berry, a girl about seven years old, residing in the south-eastern part of Philadelphia, put the top of a broken glass decanter-stopper into her mouth. The top was globular, and about two inches around. From some unknown cause she took a long inspiration, and, as she says, sucked it down her throat. It lodged at the entrance of the œsophagus, and so obstructed that or the glottis, that she immediately became strangled. Her mother and others about her in vain endeavored to relieve her; an apothecary was sent for, and could not do so. Luckily, Mr. Isaac Hugg, an ingenious, long, slender-fingered tailor, living opposite, in Second street, heard the alarm, ran to the poor child's relief, and understanding what had happened, thrust his fingers into her throat, but at first could not feel the stopper. He tried a second time: after raising her feet upwards, her head downwards, and over his knees, and after getting a finger under a projecting point of the broken surface of the stopper, succeeded in throwing it upon the floor. By this time the child was insensible, but on the introduction of his fingers, gagged, assisted his efforts, and was resuscitated, though pronounced dead by the druggist, deceived perhaps by the lividness of her face, and other fatal signs. Of the above facts I was informed while passing her residence at the time of the accident, and by subsequent enquiry.

BIBLIOGRAPHICAL NOTICES.

On Diseases of the Liver. By GEORGE BUDD, M. D., F. R. S., Professor of Medicine in King's College, London, etc. *Second American, from the last and improved London edition. With Coloured Plates and Wood Cuts.* Philadelphia. Blanchard & Lea. 1853. pp. 468.

The lapse of seven years between the publication of the first and second editions of this valuable work, has imposed upon the author the necessity of more than usual revision, modification, and addition; for, certainly, upon no subject within this period, has more new light been thrown, than upon the anatomical structure and functions of the liver, and the chemical composition of its chief secretion.

Dr. Budd, in his voluminous introduction to this edition, presents a lucid and detailed account of the recent discoveries in relation to the intimate structure of the liver, which have led him, in many particulars, to modify his previously expressed opinions on this subject. Among the late observations of anatomists upon which he has drawn, in his minute anatomy of this viscus, we may mention those of our countryman, Dr. Leidy.

As regards the composition of the biliary secretion, the improved analysis on this point since Dr. Budd's first edition have of course led him to very considerable modification of the account which he then gave of the constituents of the bile. After presenting the more recent views of prominent chemists on this point, the author adopts that of Strecker, whose "researches have shown that the biliary matter, which is (as shown by previous chemists) combined with the soda, may be resolved into two acids: both containing nitrogen, and one of them containing sulphur."

The highly important and interesting discoveries of M. Bernard, as regards the formation of diabetic sugar in the blood, during its passage from the liver, receive, we need hardly say, the notice to which they are so well entitled at the hands of Dr. Budd. While admitting, however, the demonstration of M. Bernard, that sugar is formed habitually in the liver, "it seems improbable, he thinks, that the production of a substance which

is to be had at so cheap a rate in nature, is an essential office of this organ, at least in herbivorous animals; for not only do these animals find sugar in considerable quantities ready made in their food, but a great part of the starch they consume is also speedily converted into sugar by the action of the salivary and pancreatic juices. It seems more probable that the sugar formed in the liver is incidental and complementary to some more important product."

The subject-proper of the book, the Diseases of the Liver, is illustrated in this edition, by numerous additional observations and cases which have since occurred in the practice of the author. We are unable to notice them verbatim; but we can most unhesitatingly recommend the work as a most complete and learned treatise on this important subject,—a subject of the highest interest to the numerous class of our readers, whose range of practice is within the more southern portions of our country.

Elements of Health, and Principles of Female Hygiene. By E. J. Tilt, M. D., Physician to the Farrington General Dispensary, &c., &c. Philadelphia. Lindsay and Blakiston. 1853.

Dr. Tilt, in the elegant little volume before us, has done for woman, what Johnson, Combe, Mayo, Thomson, and Southwood Smith had previously done for man, and has presented to the profession, as well as to the general reader, an excellent treatise on the general hygienic treatment of females from infancy to old age. We know not when we have read a book of similar design, which, upon the whole, has pleased us so much as this one. Its principles are sound, philosophical, and intelligible to all. We should be glad to see it in the hands of every mother, and believe that much evil might be averted were the contents generally and carefully studied. We wish that space were afforded us to present an analysis of it to our readers. We must content ourselves, however, with a hearty commendation of it to them, with the conviction that they cannot fail to derive benefit from its teaching, and from the extended experience of its author.

Medical Jurisprudence. By ALFRED TAYLOR, M. D., F. R. S., &c., &c. *Third American, from the Fourth London edition.* Edited, with additions, by ED. HARTSHORNE, M. D., &c., &c. Philada. Blanchard & Lea. 1853.

The author's belief, that this volume has already found a wide circulation, not only among his own profession, but gentlemen practising at the bar, is a well-founded one. Certain it is, that no similar book, with the exception of Beck's, has been more popular in this country. Dr. Taylor has displayed great diligence and fidelity in accumulating all the valuable matter presented by journals and other sources, since the previous edition, while the American editor has introduced all the important facts and cases that have occurred in this country. The present edition, therefore, we think, fully represents the existing state of knowledge both abroad and at home.

Principles of Medicine: comprising General Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semeiology, Diagnosis, Prognosis, and Hygienia. Edited, with additions, by M. CLYMER, M. D., &c. *Fourth American edition, revised.* Philada. Blanchard & Lea.

Another new edition of this popular, we may say now, standard work, evidences a desire on the part of the profession to become familiar with *principles*, and we know no work to which we can, with more safety, direct the student and practitioner than this. Although no new English edition has recently appeared, the American reprint has been carefully revised and posted by the editor, and much additional matter added. It should be on the shelves of every professional library.

On the Nature and Treatment of the Deformities of the Human Frame: Being a Course of Lectures delivered at the Royal Orthopædic Hospital, in 1843. By W. J. LITTLE, M. D., Physician to the London Hospital, etc., etc. London. Longman, Brown, Green & Longmans. 1853. pp. 412.

We are indebted for this valuable monograph, certainly the

most complete on the subject in the language, to the London publisher. The author considers it, as it is in some sense, a third edition of his *Treatise on the Nature and Treatment of Club-Foot*, published fourteen years since: and it consists in the main of a reprint of his Lectures on the subject, published originally in the London Lancet, in 1843. Dr. Little has, however, interwoven with the Lectures the results of his additional experience, and has adapted the work to "the altered position of the pathology and treatment of distortions at the present period, compared with its state when Stromeyer commenced his labors."—

The subjects are, 1. Deformities in General; 2. Deformities from Wounds and Diseases of Joints, Accidents, Rheumatism, &c.; 3. Deformities from Spasm, Paralysis, Burns, Habitual Retention in One Position; 4. Deformities from Rickets, Weakness, and Curvatures of Bones; 5. Congenital Distortions, Club-Foot, Club-Hand, &c.; 6. Congenital Malformations, Monstrosities; 7. Distortions of the Spine.

This brief outline of the contents of this very useful and practical work, is perhaps a sufficient notice of it on the present occasion, as it has been already substantially for a considerable time before the profession. We shall offer our readers, however, a detailed extract from its pages, on a subject of recent interest, the treatment of anchylosis by forced extension, which is very judiciously treated by Dr. Little.

"The art of surgery has, however, recently received an invaluable addition to its means of usefulness, by the discovery of the anæsthetic properties of ether and chloroform; and orthopædic practitioners have not been slow in availing themselves of the assistance these means are calculated to render in the cure of deformities. Hence the employment of forcible extension with the aid of chloroform or ether. By chloroformisation, the two great obstacles to the employment of force adequate to straighten or bend a contracted limb,—namely, pain and voluntary muscular resistance,—are removed. As soon as these impediments disappear, the hands of the single operator, and his single mind, applied to the parts, encounter the physical resistance only of the deformed parts; comparatively gentle manipulations now acquaint him with the nature and amount of difficulty; he can feel his way in the application of greater force; feels and perceives the resistance of parts successively overcome, in an anatomical order; if greater rigidity still oppose, a few movements of the joint backwards and forwards prepare the way for a

more extensive yielding; and often the practitioner has the satisfaction of being able to effect every natural movement of the joint, and satisfy himself that a cure is obtainable.

"Chloroformisation, with manipulations, and the use of a certain degree of force, is often of great service as a means of diagnosis; by it the practitioner is enabled to ascertain what proportion of the deformity is due to shortening of soft parts, and how much mischief the articular surfaces may have undergone. He may have reason to conclude, from the amount or nature of the resistance, and the change of articular surfaces, that restoration of the form and functions of the part is impracticable, and thus save much time, which without chloroform might have been uselessly expended in an attempt to straighten the part.

"After straightening or bending the limb, as the case may have required, by means of this forcible procedure, the part should be lightly secured in a retentive instrument or upon a common splint, adjusted so as to maintain the position more favorable than that which obtained before the operation, though not in the new position, *i. e.*, the entirely straight or bent position into which the hands of the surgeon may have brought it. For, as soon as the effect of the chloroform upon the sensorial system disappears, the patient will arouse to the conviction of the violence which may have been employed, the part may be acutely painful, and incapable of sustaining the pressure of a tight bandage or ligature.

"The author has usually contented himself with the increased knowledge of the nature of the case, with the satisfaction of knowing that the part could be improved in form and function, and that as the resting parts had once yielded, that they would afterwards oppose less resistance to cure; whether the means subsequently employed should be simple manipulations, the use of mechanical apparatus, or repeated administrations of chloroform, and 'forcible extension.' The surgeon who should attempt the forcible binding down of a long-deformed limb immediately after 'forcible extension,' would betray a lamentable ignorence of the pathological condition of the living parts in the immediate vicinity and within the deceased articulation. Although the muscular structures may have yielded under chloroform, and indurated fasciæ and old adhesions may have been overcome by tearing, it will be remembered, that much adaptation on the part of nerves, blood-vessels, and absorbents to the altered position of structures needs to be accomplished. The author has found that, by taking moderate means of retaining as much improvement after the forcible extension as can be borne by the sufferer, by unsparing use of lotions of spirits of wine, no inflammation of joints thus straightened has supervened. He has witnessed no untoward accident; and, by employing the ordinary means of gradual extension, and repeating once or twice the chloroform, and complete extension while the patient lay under its influence, he has restored cases, the relief of which would have required many months of ordinary treatment, or would otherwise have constituted very mediocre cures."

The work is illustrated by upwards of 160 well executed engravings and diagrams.

THE MEDICAL EXAMINER.

PHILADELPHIA, SEPTEMBER, 1853.

YELLOW FEVER IN PHILADELPHIA.

Since the August number of the Examiner went to press, our community has been startled by an unexpected visit from the yellow fever, which for upwards of thirty years has been an entire stranger to our city, so proverbial for its cleanliness and health.

Fortunately for Philadelphia, this dread enemy no sooner showed its malignant foot-prints on our borders, than the Board of Health, in the exercise of their prerogative, and with a commendable energy, instituted a most rigid investigation in the neighborhood where the first case appeared, and with the sanitary besom swept away, it is to be hoped, whatever nuisances were fruitful in concealing and propagating that poisonous *materiel*, be it malaria, unhealthy gases, animalcula, fungi, or what not, which are ever so productive of epidemics.

To this prompt and energetic action, coupled with the efficient municipal arrangements for preserving the cleanliness of the city, in its streets, gutters, and sewers, together with the abundant supply of water, must be attributed in a great measure the present arrest of the disease, and hence the preservation of the health of its 450,000 inhabitants, from the inroads of a fearful pestilence.

Thus far the fever has been confined to a very limited district, embracing an area of not more than 600 yards in length by 200 in breadth, bounded by Union street on the north, Second street on the west, Almond street on the south, and the Delaware front on the east, a neighborhood by no means densely peopled; but in many places the houses are confined and filthy, the Delaware avenue defective in surface drainage, the cellars in the vicinity damp and subject to an overflow during the flood and ebb of the tide waters of the Delaware, rendering the neighborhood insalubrious from excessive moisture, and the exhalation of noxious vapors, the product of animal and vegetable decomposition.

The origin of this fever may be involved in some doubt and obscurity. Whether from a specific germ imported in the barque Mandarin, or the product of her putrid bilge water, or of spontaneous birth in that particular locality where the irruption first manifested itself, still remains a perplexing question to solve. One circumstance connected with its history is clear, viz: that no yellow or malignant fever, or any epidemic, pervaded our city prior to the arrival of the barque Mandarin. This unfortunate vessel arrived here, all well, from Cienfuegos, Cuba, after a passage of seventeen days, on the 13th of July last, and hauled to at a wharf between Lombard and South streets. Six days after, the first outbreak of fever of a malignant type showed itself in that immediate vicinity. From this point it spread itself in about one month over the district above named.

It may be proper here to state that the Mandarin came from a port in the West Indies, where "a few cases of small pox and fever" prevailed; that she lost two of her crew from "fever" on the passage; that her bilge water was in a very foul condition, and notwithstanding she was detained at the Lazaretto, for cleansing purposes, yet, after opening her hatches and discharging her cargo, consisting of sugar and molasses, the bilge water was exceedingly offensive, and before she was removed by the Board of Health, the stench became intolerable.

During the two weeks that this vessel remained in the vicinity of South street wharf, the mean of the thermometer was 79½°.

As already hinted, the first case of suspicious fever happened on the 19th of July, six days after the arrival of the Mandarin, in the person of Joseph Sharp, a young and healthy carman, at South street ferry. On the next day, the 20th, five cases were reported, on the 21st four cases, on the 22d one case, on the 23d two, on the 25th three, on the 26th one, on the 27th one, on the 29th three, on the 30th two, on the 6th of August one, on the 9th two, on the 10th one, and so on up to the 20th—all of them, with the exception of the 21st, being clearly and distinctly traced as having their origin either by a residence in or a direct communication with the infected district.

The following is a list of the cases, in the order of their occurrence, up to the 20th of August:

	Date of attack.	Died.
1. Joseph Sharp	July 19th	July 26th.
2. Geo. Robinson	" 20th	" 23d.
3. Thos. D. Koehler	" "	" 27th.
4. G. W. Kerkeslager	" "	" 25th.
5. Mrs. Kerkeslager	" "	" 26th.
6. Charles Burrows	" "	" 22d.

	Date of attack.	Died.	
7. Fred. H. Kellog	July 21st	July 23d.	
8. Fanny Martin	" 21st	" 26th.	
9. J. M. G. Koehler	" "		Recovered.
10. Paulina Koehler	" "		"
11. Honora Stanton	" 22d	July 27th.	
12. Silas Green	" 23d		Recovered.
13. R. N. Campbell	" "		"
14. John Shellcott	" 25th	July 30th.	
15. Rosanna McKean	" "	" "	
16. John White	" "		Recovered.
17. David Murray	" 26th		"
18. James Markley	" 27th		"
19. James Clements	" 29th	Aug. 1st.	
20. Mrs. Mullen	" "	" 5th.	
21. John Haslett	" 29	" 2d.	
22. Mary Bulger	" 30th	" 3d.	
23. Ann Jane Stewart	" "	" 13th.	
24. Mary Williams	Aug. 6th	" 12th.	
25. John S. Williams	" 9th	" "	
26. Betsey Stephens	" "	" 13th.	
27. Ellen Boland	" 10th	" 15th.	
28. James Riley	" 13th	" 15th.	
29. Bridget Tibley	" 14th	" 22d.	
30. Oliver Pitcher	" 15th	" 18th.	
31. James Genton	" 15th	" 27th.	
32. Mary Carrigan	" 17th	" 19th.	
33. " " (daughter)	" "	" 20th.	
34. Mary Turner	" 18th	" "	
35. John Brennock	" "	" 19th.	
36. John Carrigan	" 20th	" 22d.	
37. Catharine Handson	"	" 22d.	
38. Edward Carrigan			

Of the above 38 cases, 31 of them died, 24 of which were accompanied with black vomit.

The 21st case, of John Haslett, the drayman, cannot be traced to any portion of the infected district, although he stood on Chesnut street wharf, and was engaged daily in hauling goods along the eastern front of the city, and may perchance have been within the range of infection.

In enumerating all the facts in connexion with the appearance of this fever, it must not be overlooked, that at the dock fronting South street there is the open mouth of one of the sewers of the city, belching forth at all times its decomposing compounds of filth, which, when the tide is low, being exposed, must contaminate the immediate atmosphere with foul and unwholesome exhalations.

The question may be agitated by some one who has not witnessed a single case of this disease, "Is it yellow fever?" In answer, we would reply, that the most reliable evidence has been furnished of its being genuine yellow fever. Prof. Samuel Jackson saw two of Dr. Gegan's cases, and had one of his own; in all of them he recognized the same enemy that visited our city in 1820. Other gentlemen, who had seen the disease in the South, and in the West Indies, at once regarded the fever to be similar in all its features.

It was ushered in by intense headache, pains in the loins and extremities, distress at the epigastrium, nausea and vomiting, tongue soft and white, with red edges, eyes of a pink or yellow color, skin assuming a yellow tinge, in some instances petechiæ; the fever lasting for three and sometimes four days, and then remitting; the patient feeling better, and in some cases says he is well; but in a few hours, prostration comes on rapidly, with vomiting of black matter, in which, under the microscope, blood corpuscles have been discovered; the ejections from the bowels are thin, watery and dark in their appearance, with hemorrhages. In the fatal cases, no reaction of the system comes on, and the patient dies on the third, fourth or fifth day, and almost invariably the whole surface of the body becomes of a deep jaundice color.

A post mortem, where it has been made, reveals the usual appearances found after death, in those who have died of yellow fever, viz.—softening of the mucous membrane of stomach with patches of inflammation, the liver contracted and invariably of a light yellow or box wood color. In several instances the peculiar black fluid, called black vomit, was found in the stomach or intestines.

Where reaction follows the remission of the fever, the recovery has generally been rapid. In Dr. Jackson's case, the 22d, there was no steady reaction after the third day of attack, and no black vomit, while the patient lingered until the fourteenth day and then died. The yellow skin and pink eye, with oppression and great distress over the epigastrium and heart, were prominent symptoms in this case.

Besides the cases above numerated, there have been several deaths from fever, in the immediate vicinity of the infected district, which bore some slight resemblance to those cases classed under the head of Yellow Fever; but as the disease has not as yet assumed an epidemic form, it is presumed they were no more than ordinary instances of bilious fever, which usually makes its appearance about this period of the year.

We have endeavored to obtain a list of all the well authenticated cases which have occurred, and we believe we have succeeded in securing the most reliable information on this interesting topic. If there have been

other cases, they were kept from the public, and therefore we had no access to them.

Since the above was in type, a few more cases have occurred, all of which, with a few exceptions, may be traced to that section of the city where the disease first made its appearance.

We may congratulate ourselves that no epidemic is at this time prevalent in our city. The cases of fever that are to be found, are few in number, and are beginning to assume the ordinary bilious character of our Autumnal diseases.

Indeed our city is healthy; comparing the weekly statement of deaths with those of last year, they will be found rather under, than above the mortality of the same season in 1852.

[We are indebted for the above very interesting account of the recent cases of yellow fever in this city, to our esteemed correspondent, Dr. WILSON JEWELL. A more detailed notice of the earlier of these cases was read by Dr. Jewell before the August meeting of the College of Physicians, and will appear in the Transactions of that body.—EDS. EXAMINER.]

It will be seen, from the list of Books received, prefixed to the present number, that an unusual amount of new publications has been, within a short period, placed upon our table. Our limits prevent an immediate notice of all, but we hope to be able to do them justice in the October number.

MEDICAL NEWS.

[The following beautiful tribute to Dr. CHAPMAN was addressed to him many years ago, by his early friend, Dr. J. K. MITCHELL, who afterwards accepted and still worthily fills in the Jefferson Medical College, the same chair which was illustrated for so long a period by Dr. Chapman in the University of Pennsylvania. Its republication, at the present time, will, we are satisfied, be interesting to our readers.]

DEDICATED TO N. CHAPMAN, M. D.

Dear Doctor, though I hae the will,
I fear I want poetic skill
To do ye muckle credit;
But yet I'll imp my youthfu' wing,
And o' my guid preceptor sing,
Though ye y'ersel may dread it.

I've aften wished for Burns's pen,
And thochts frae Ramsay's fairy glen,
To do ye fitting honor,
But tak the will and no the deed,
My muse, the jade, awa will speed,
Sae I maun e'en get on her.

Ah! weel I mind when first I saw
Ye laying down the morbid law
O' nature to the student;
To dry detail and dusty lore,
Brocht frae y'er inexhausted store,
A new enchantment you lent.

Frae worthies o' the aulden time,
To those wha yet were i' their prime,
Ye drew y'er rich resources;
And last, not least, frae y'er ain sel,
Baith thochts and words o' magic spell
Adorn'd y'er ripe discourses.

Wi' easy grace and potent sense,
Clear order, a' without pretence,
And learning without show, sir,
Ye charm'd the eye, and pleas'd the ear,
And made y'er thochts sae richly clear,
The darkest truth did glow, sir.

But faith, I scarce believ'd my eyes;
Ye took me, sir, wi' sair surprise,
When mang y'er friends I saw ye
Let loose the wit by science chain'd—
Humor that nae ane ever pain'd—
Oh! thus I'd like to draw ye!

They little ken ye wha hae known
Y'er science and y'er skill alone,
Though they are mair than ample;
The racy pun, rich repartee,
The gushing joke frae malice free,
Wad na complete the sample.—

But better far, a heart that ne'er
Did o'er a human ill forbear
To heave a feeling sigh,
That readily forgave a foe,
And never dealt a jealous blow,
In keenest rivalry.

Mair I might say, but this I fear
E'en frae a friend ye'll hardly bear,
Sae I'll nae mair offend ye;
Though if ae man beside y'ersel
Says that the truth I dinna tell,
That man has never kenn'd ye.

J. K. MITCHELL.

COMPARATIVE HEALTHINESS OF ENGLAND, FRANCE, PRUSSIA, &c., —The annual rate of mortality in England may be best understood by saying that there are 46 persons living to 1 dead. That is, the mortality as 1 in 46. In 1841, the annual mortality per cent. was 2207, or 1 in 45. In France there were 42 living to 1 death; in Prussia, 38; in Austria, 33; and in Russia, 1 person in 28 died annually. In the latter country, the mortality per cent. is 3590, or in other terms, out of every 100,000 Russians living, 3590 died in one year; while out of ever 100,000 British living, only 2507 died in the same period. In several Italian cities the annual mortality of the inhabitants is from 3 to 4 per cent.. In the city of Naples, which has been shown to be one of the unhealthiest in Europe, it appears that 4046 persons died out of every 100,000 of its inhabitants. From these facts, it is evident that there is a lower rate of mortality among the inhabitants of this country than in either of those enumerated, and that in some instances the mortality falls little short of one-half the same as existing in less favored regions.—*Lancet.*

THE JENNER TESTIMONIAL.—It is fully determined to execute with every possible despatch the well-merited testimonial to the memory of a man whose discovery of vaccination has immortalized him. With that object subcriptions are being raised throughout every kingdom. The United States raised for that purpose 1600 dollars,—a larger sum than any other country subscribed.—*Ibid.*

ASIATIC CHOLERA IN COPENHAGEN.—A London daily paper states, "We have received information that this dreaded disease has re-appeared in an epidemic form in Copenhagen, where cases of it have ex-

isted, proving rapidly fatal ever since the middle of June. From that period the disease has been slowly but steadily increasing; and the official return for the 8th of the present month states that on that day there were 51 new cases and 18 deaths. From the first appearance of the disease, there have been registered in all 270 attacks and 142 deaths; so that this formidable pestilence, which for several months has been lingering in St. Petersburgh, has now approached to within less than 500 miles of the coast of Norfolk. On Tuesday last there were 53 new new cases of cholera, and 36 deaths. Since the 12th of June, 427 persons have been attacked, and 234 have died.—*Ibid.*

Frightful Mortality in Calcutta.—Owing to the great heat and the absence of rain, eleven hundred persons were carried off, at Calcutta, in the course of two days.—*Lancet,* from *Overland Athenæum.*

Royal Acknowledgment of Medical Services.—On the 8th August last, her Majesty was graciously pleased to confer the honor of Knighthood upon Dr. John Forbes, and Dr. James L. Bardsley, of Manchester.—*Lancet.*

The Medical Chronicle, or Montreal Monthly Journal, edited by William Wright, M. D., and D. C. Mac Callum, M. D., made its debut in June last. It promises to be an interesting and spirited journal.

The first number of the Medical Reporter, a quarterly Journal, published under the direction of the Chester and Delaware County Medical Societies of Pennsylvania, was issued in July. The editorial committee consists of Drs. Wilmer Worthington, Isaac Thomas, and Jacob Price, of Chester county, and Drs. George Martin and John T. Huddleson, of Delaware county.

The Astley Cooper prize of £300 for the best Essay on the "Structure and Functions of the Human Spleen," has been awarded by the physicians and surgeons of Guy's Hospital to Henry Gray, Esq., F. R. S., Wilton-street, Grosvenor-square.

The Cholera.—The Dutch Government have received the official notification from the Dutch Minister Plenipotentiary at Stockholm, that the Swedish Government have declared that the cholera prevails in Abo, Elsinore, St. Petersburg, Cronstadt, Narrva, Reval, Riga, and Copenhagen, and that the following places and territories are "suspected to be infected:"—All the Finnian harbors from Christianstadt inclusive to

the Russian frontiers; all the Russian ports of the Gulf of Finland and the Baltic, and the ports of Zealand. Copenhagen, July 31.—The cholera seems to have diminished here somewhat in intensity, as there are only 237 new cases, and 115 deaths. Up to the present time the 45th part of the population has been carried off by the malady. Our accounts from Copenhagen, up to the 4th instant, show the cholera to be somewhat on the decrease, the new cases seldom exceeding 150 per day. The whole number at present announced amounts to 5996, with 3219 deaths. It is to be observed, however, that now that the disease has attacked the middle-classes, who, for the most part, were treated at their own houses, the number of cases published would always be considerably under the truth.

The Cholera.—The last news from Persia announces, that the cholera is making great ravages in Astraband, Mazraderam, and the desert of the Turcomans. In one of these provinces, the number of deaths amounted to 150 a day. The Shah and his Court had retired to Imama. To complete the distress, the towns of Shiraz and Surham had been nearly destroyed by earthquakes, the Zaindowod was dried up, so that, from its muddy bed, innumerable bands of grasshoppers proceeded, destroying everything in their progress.

Death of Dr. Pereira.—We are permitted to extract the following reference to the death of this distinguished physician from a private letter to Dr. Duck of this city. The writer says: "Poor Pereira, his loss is felt by all; he was buried at the Kensalgreen cemetery, and was followed by the whole school of the London Hospital and also by between thirty and forty practitioners, many of them, including myself, coming a distance of between six and seven miles. Dr. Billing kindly took me in his carriage coming home, when I had the advantage of hearing his opinion as to the cause of death. Dr. B. thinks that when Dr. Pereira slipped on the back stair case of the College of Surgeons, in addition to the rupture of the tendon of the left quadriceps extensor femoris, he also ruptured the two inner coats of one of the sinuses, at the origin of the aorta, and that on exerting himself to relieve his attendants while lifting him into bed, a fortnight afterwards, he ruptured the remaining coat and died from internal hemorrhage. His friends objected to a post-mortem examination, and it was not urged. A committee of four or five physicians are completing the second part of the 2d volume of the learned Doctor's Materia Medica, which Dr. Billing says

is a perfect encyclopedia. The greater part was already finished and in the press."—*N. W. Journal, August.*

DEATH OF WILLIAM BEAUMONT, M. D.—He died at his residence in St. Louis, on the 25th of April last, in the 68th year of his age. Dr. Beaumont was a native of Lebanon, Connecticut, where he was born in 1785. In 1812, after studying medicine at St. Albans, Vermont, for two years, he joined the Sixth Infantry, with the appointment of Assistant-Surgeon. For more than twenty years he was a member of the medical staff of the regular army, being stationed at various points on the northern frontier, and through the war of 1812, with distinction—being present, among other occasions of interest, at the capture of Fort George, in May, 1813. In 1830, he was stationed at Jefferson Barracks, and afterwards in the Arsenal at St. Louis, taking up his residence in this city about 1834. Two or three years later he resigned from the army, and subsequently has resided constantly in St. Louis, enjoying an extensive practice and high professional reputation up to the period of his late illness.

Dr. Beaumont is widely and most honorably known in the literature of our profession by his "Physiology of Digestion and Experiments on the Gastric Juice"—based on and containing an account of experiments conducted by himself upon a Canadian (Alexis St. Martin,) whom he attended at Michilimackinac, 1825. The work has been reprinted in Great Britain, France, and Germany, with the highest commendations from the profession, and has become an acknowledged authority in matters where speculation had hitherto taken the place of observation.

Dr. Beaumont had lived in St. Louis for many years, engaged in arduous professional duties, and wherever he was known, it was as the kind-hearted, generous gentleman. In his social relations, he was most happy, diffusing at all times cheerfulness and contentment to those around him.—*N. Y. Journ. Med.*

DEATH OF G. W. RICHARDS, M. D.—Dr. Richards died at Dubuque, Ia., on the 22d of April, aged 53 years. He was for a short time connected with the Rush Medical College in Chicago, as one of its Professors, and afterwards became Professor of the Theory and Practice of Medicine, in the Medical College at La Porte, Ind. At a later period, he assisted in organizing a Medical School at Rock Island, and but two weeks before his death, was elected President of the Northwestern Medical Society, organized at Dubuque.—*Ibid.*

Death of Charles Caldwell, M. D.—From the Louisville (Ky.) Courier, we copy the following synopsis of the principal events in the life of Dr. Caldwell, whose decease took place in July last, together with some just comments on the literary and scientific character of that remarkable man.—"He was about ninety years of age, and probably the oldest physician in the United States, and enjoyed the greatest celebrity as a medical writer and teacher. He did more than any one to enlighten the public and the profession on the origin of yellow fever, and clearly illustrated the absurdity of quarantines. Some years before the Asiatic cholera invaded Europe as an epidemic, Prof. Caldwell predicted that in one respect cholera would prove a blessing to mankind, by teaching the worthlessness of quarantine regulations, and the vital necessity of attention to all the laws of sanitary science; and this prediction, as full and clear as the history of the epidemic can be made now, has been verified in every particular. This prophetic prediction of the venerable teacher was recently made the conclusion of an invaluable report on cholera, published by the British Parliament.

"At the commencement of his medical career, Prof. Caldwell settled in Philadelphia, and won great distinction. Among the writers and investigators of that period, Dr. Caldwell was the greatest. He towered above his contemporaries, as a tall monument springs from the plain.

"In addition to Dr. Caldwell's luminous and voluminous labors upon all the important questions of medical science, all subjects of public interest felt the benefit of his intellect. His papers on Quarantines, Malaria, and Temperaments, are among the best in the English language on those topics. His treatises on Physical Education, on the Unity of the Human Race, and on Phrenology, have rarely been equalled. Every thing he touched he adorned. We doubt whether the English language contains a biographical sketch equal to Dr. Caldwell's tribute to Fisher Ames, published in the American edition of Rees's Encyclopedia. A recent edition of his work on the Unity of the Human Race, displays a remarkable instance of intellectual vigor in one who had passed that period at which mental power usually begins to falter. In that work Dr. Caldwell reviewed a recent work on the Races by Dr. Knox, of England, and the criticism is one of the ablest and most conclusive we know of. Quite recently, Dr. Caldwell published a paper in the Western Journal of Medicine and Surgery on Liebig's theory of Animal Heat; and the distinguished Professor of Giessen has not received such a blow from any other quarter. But time and space would fail us if we were to attempt an enumeration in this paper of the works of Professor Caldwell.

"The great reputation of Dr. Caldwell as a medical scholar, teacher

and writer, induced the friends of western enterprise in medical teachings, to invite him, about 1818, to a chair in the Transylvania School of Medicine. He accepted the trust, and entered upon the discharge of its duties with a zeal, intelligence and power that were determined to know no such thing as failure. He was the bright particular star of Transylvania, and during his connection with the institution it prospered. The labors of himself and of his colleagues, who caught inspiration from his example, made the Transylvania School of Medicine equal to any in the Union, and he had much to do with its proud pre-eminence.

"When he discovered that the spirit of the age demanded means for clinical instruction, and a larger field for medical observation than a village could furnish, he promptly entered into arrangements for transferring the Transylvania School to this city. Upon the failure of that attempt, he entered zealously into the project for establishing a school of medicine in Louisville, and by his labors, talents and eloquence, the project was forwarded. And to the same great powers the school was mainly indebted for its remarkable success.

"Dr. Caldwell was one of the most temperate men we have ever known. His science enabled him to keep a true sentinelship over his appetites, and the result was an exceedingly long life, far beyond that allotted to man by the royal Psalmist, with an almost entire exemption from sickness. Even in the closing scenes of life, disease did not invade his frame. He was nearly free from physical suffering; all the functions of his system were as well performed on his death-bed as during his highest health, and his mind was clear to the last. His life and death are impressive commentaries upon the truth of physiological doctrines which he taught for half a century, and by which he regulated his life and ordered its last scenes."

Medical Institutions of Berlin. By W. H. Hingston, M. D., L.R.C.S. Ed., Honorary and Corresponding Member of the German Medical Society of Paris.—It is often a question as to which of the medical schools of Germany holds the highest rank. The question is one of importance, as it has frequently to decide or regulate the time to be spent in each by those seeking professional education; yet is it one which cannot be answered generally or definitely. Thus, Prague and Vienna have long held pre-eminence in midwifery. More recently medical pathology is a branch which has been cultivated with great success in the latter. Physiology has made rapid strides in Berlin, Wurtzburg, and Bonn; Giessen has advanced chemical science, &c., &c.; but when

speaking of surgery alone, the question is divested of most of its difficulty.

In this department of science, Berlin has for some time stood pre-eminent, and still claims the foremost rank. During the residence here of Graeffe, surgeons and students from all parts of the continent, and many from Britain and America, were attracted to the Prussian capital. His world-renowned successor, Dieffenbach, added new lustre to the chair (already famous) until death removed him also from the scene of his usefulness and success. It was here tenotomy was first extensively and and successfully practised.* It was here also rhino-plasty was first given to the world. Graeffe's success in practice was very great. Dieffenbach's memory is still fondly cherished by the great mass of the people. Indeed it would be difficult to conceive greater affection for one nearly four years dead. The rich speak of him in terms of fondness, respect, and praise; the poor mention his name with reverence. Like John Hunter, his death was sudden and unexpected, and took place in the theatre of his greatest usefulness. One day when seated on a sofa, observing a student making an examination of a patient, he quietly expired. He was attended to his final resting-place by thousands. His requiem was the prayers and lamentations of those to whose comfort he had ministered. Dieffenbach was succeeded by Langenbeck; but I shall mention the present surgeons in connexion with the various institutions to which they belong.

The University.—A very fine building, built by Fred. Wm. III. opened in 1810, when, by order of the Prussian government, or rather the king, the University was removed from Frankfort-on-the-Oder to its present situation—Berlin. At first the number of students who were attracted to the Prussian capital was not very great, for although professors of acknowledged ability were here to be met with, yet the advantages afforded to military over civil students proved extremely distasteful to the latter, and prevented many from attending its sessions.† By a wiser policy of government, by gradually yielding to the wishes of the people, and by granting to civilians all the privileges they accorded to others, the University began to flourish. At the present moment it

* Tenotomy (by subcutaneons section) was first practised by Stromeyer of Kiel; but to Dieffenbach is due the credit of having brought it prominently before the British public.

† These remarks apply only to students of medicine. On those studying arts, law, or divinity, were placed no restrictions, for such are not usually educated for the army.

numbers 2200 matriculated students; of these about two-ninths are medical.

There is no school in Germany where so many students are collected together. Prague, the oldest, has 1272; Munich, 1957; Bonn, 866; Wurtzburg, 722. It would occupy too much space to enumerate all the German universities, amounting to twenty-four, and their statistics. I have mentioned these merely to show the flourishing condition of the one about which I am writing. Labor is there divided among the various professors in their several departments. In theology there are five ordinary, and four extraordinary professors, besides two *privatim docentes;* In law, nine ordinary, four extraordinary, and three *privatim docentes.* In the department of medicine there are eleven ordinary, six extraordinary, and nineteen *privatim docentes.* In philosophy twenty-seven ordinary, twenty-nine extraordinary, and thirty-one *privatim docentes.* In modern languages five.

The largest building for the relief of the sick is the Charité. It does not belong to the University. It was built by Fred. Wm. I. entirely for the education of surgeons for the Prussian army. It continued as such till 1810, when the University was brought from Frankfort-on-the-Oder to Berlin. Previous to that time there were professors of the Military Academy, who gave lectures to young men studying for the army. In 1810 the professors of the University were allowed wards for their clinique, and students then matriculated. In 1848 government made still greater concessions, by permitting civilians to become assistants to the professors in one medical clinique. The Charité, governed by two directors, one medical and one administrative, is divided into old and new. In all, it contains 900 beds, but could accommodate nearly double that number in urgent circumstances. The new contains all the syphilitic patients, insane persons, and prisoners, and also those sent from the prisons. The old contains medical, surgical, and obstetrical cases, and children.

From the medical wards, four are selected for the clinique, two male and two female, one for each professor. From the surgical are taken four wards for clinique, two of which are for ophthalmic surgery. These are attended by the same professor. Drs. Schoenbein and Wolff are the professors of medicine. The former, although pretty well advanced in years, is still active. From œdema glottidis, or some other affection of the throat, he is with difficulty understood. Strangers to the language or those who do not understand it thoroughly, will derive no advantage from attending his instructions, as a large portion even of his own countrymen find great difficulty in following him. His therapeutics, however,

are excellent. He has been the king's physician for years, and is highly esteemed by the profession. A work appeared many years ago, under the title of "Therapeia von Schoenbein," but he denied the authorship. I believe some students had taken notes of his lectures, and published them in a continuous form. His assistant, Dr. Traube, devotes several hours a day to giving instructions on auscultation and percussion. He has written many excellent papers; one in particular, on "Critical Days," is highly valuable. Inenken is the professor of surgery. High praise cannot be bestowed either on his operations or after-treatment; tedious in the former, meddlesome in the latter. He has been rather unsuccessful in the administration of chloroform. *On dit* that he has lost seven patients in this way. As it is an *on dit*, it might be well to take it *cum grano salis.* I saw a patient in January last, from whom he was removing the orbit, expire on the table. Inenken attributed the death to the shock of the operation, as he had done on previous occasions. This theory he has endeavored to maintain publicly, in opposition to Langenbeck, but much against the notions of the profession generally. As an oculist, Inenken holds, and deservedly too, a very high rank. He operates on the eye with care, dexterity, and precision. His diagnosis is almost infallible, his after-treatment good. He still holds to the old operation for cataract—the low incision. In this respect I believe he stands alone.

The obstetrical department, by a very unwise and prejudicial arrangement, is open to students only in the summer season, and to midwives in the winter. There are but thirty beds, which are seldom fully occupied. About 400 births take place in the year. Berlin makes no pretensions to midwifery; her claims are more easily substantiated in consequence. Young military surgeons are the resident accoucheurs in this branch.

Dr. Simon has the charge of the syphilitic patients. He is also lecturer on syphilis and diseases of the skin in the University. His works on those subjects bear evidence of considerable research. The females in the syphilitic wards are examined three times a week, the men twice. Those who have witnessed the examination of females in the hospitals of Britain, might be somewhat shocked at the manner in which patients are required to mount the steps, and uncover their person from the abdomen downwards. This is both extremely indecent and demoralising, the more so as it is unnecessary.

Apart from the Charité, and in connexion with the University, are three cliniques for medicine, surgery, and midwifery. They are all supported by government, and consequently admit patients from all parts of

Prussia. Dr. Busch is the professor of midwifery. He is not much seen by the students, except at lecture. He has gained his laurels, and now seems to enjoy his *otium cum dignitate.* Besides these, there are polycliniques for each of these branches. Those patients who are not desirous of entering hospital, can be attended at their own houses by the students, and when necessary, by the assistants. In the hospital of the University about 300 births take place in the year; in the polyclinique between 800 and 900.

It was in the polyclinique in Ziegel Strasse that Graeffe gave instruction. It was here, also, where Dieffenbach held forth; and what is still more to the purpose, it is here that Langenbeck may be seen daily, with a large number of cases for consideration. In no clinique I have yet visited, have I seen so many operations as are here to be witnessed. The hospital is not a large one, but only such cases as demand operation are admitted. Almost every day, persons in the city and neighborhood are brought to be operated upon, and carried back again to their respective domiciles. It has been stated that there are more operations performed here than in any hospital on the Continent. Certainly Paris has nothing to equal it. The reputation of the operator draws to the capital persons from all parts of Prussia and surrounding duchies. As a lecturer and teacher, Langenbeck is considered superior to his predecessor. As I have not seen any similar treatment in British hospitals, I will occupy a few lines in speaking of anchylosis generally.

In the words of Cooper, anchylosis denotes an intimate union or growing together of two bones, which were naturally connected by a moveable kind of joint. In the true, the bones grow together so completely, that not the smallest degree of motion can take place, and the case is positively incurable. In false anchylosis the bones have not completely grown together, and their motion is only diminished, not destroyed. Anchylosis is generally looked upon as a favorable and in many cases a desirable termination of inflammation or ulceration. It is thought to be as near an approach to health as it is possible, under many circumstances, to attain; or in the words of Miller, it is a compromise between health and disease. Cooper remarks, "No attempt should ever be made to *cure,* though every possible attempt should often be made to *prevent* a true anchylosis." The exertion to prevent, he further adds, is not always proper, for "many diseases of joints may be said to terminate when anchylosis occurs."

With such authority before us, and the authority of many more I might quote, it would require no small amount of courage to interfere with what has been designated "a favorable termination," "a desirable

termination;" and a surgeon who would undo this wise provision of Nature, might be pronounced reckless and bold. I confess that such would have been my own opinion had I read and not seen the treatment—the successful treatment, of *true*, and in many cases long standing, anchylosis, by breaking up the callus. This mode of practice is not novel. It was tried many years ago in France, but the result of these experiments was such as to discourage others from repeating them. Violent inflammation of the joint, and the most disagreeable consequences, generally followed; and the patient was left in a worse condition than previous to those experiments. But the French erred greatly. Instead of breaking up the callus gradually and cautiously, they restored the perfect flexion and extension of the limb immediately, and then kept up the motion of the joint, in order to free the condyles of the abnormal adhesions. As already remarked, the consequences were frequently very serious. The majority of surgeons would not follow the example, and writers on surgery only mentioned this mode of treatment in order to caution the profession against adopting it.

The practice so successful under Langenbeck, and which has given rise to those remarks, consist in breaking up the callus certainly, but in a manner very different from that employed by Louvrier. The patient is placed upon his back, and chloroform administered until complete anæsthesia is induced; until, in fact, *the muscles cease to offer any resistance.* If the anchylosis be of the knee (the most favorable joint for the operation) an assistant, or assistants, fix the pelvis, and the surgeon commences gradual flexion, if the joint be in an extended state, or extension if in a flexed state. The force to be employed must be regulated by the surgeon himself. In cases of many years standing, the force required, as might be supposed, is considerable; sometimes the whole weight of the body is necessary, but it must always be applied with care. When the callus yields to the external force, the amount of flexion is preserved until the next trial, the limb being exercised, passively, during the interval. A great degree of flexion is not to be desired at once; and the more cautiously and patiently the limb is managed, the less danger of violent reaction, and the greater probability of success. Indeed, this constitutes the great difference between the treatment of Louvrier and that of Langenbeck, or between failure and success. When managed with due care, the inflammation set up is very trifling, indeed seldom sufficient to retard the cure. Frequently no reaction is perceptible. Every two or three days the patient is again subjected to the same treatment. Sometimes a couple of months are necessary to restore the function of the joint perfectly, but three or four weeks are frequently suffi

cient. Although many years may have elapsed between the occurrence of the anchylosis and the attempt at restoration, yet in most cases the callus may be broken up, and the integrity of the joint restored. It is absolutely requisite, however, that the patient should exhibit no tendency to scrofula, and this the more especially if the anchylosis be the result of scrofulous inflammation or ulceration.

From the want of exercise of the joint, the limb is usually much smaller than the sound one. Sometimes almost total atrophy of the muscles is the consequence, but a short time suffices to restore them to their original volume. In concluding these remarks, I feel perfectly justified in supporting the claims this mode of treatment has to be admitted among the regular operations of surgery.* And as anchylosis, as a result of disease of, or injury to the joint, is unfortunately of frequent occurrence, any mode of alleviating the subjects of it should obtain a fair trial, especially when supported by experiments.

In the same building in Ziegal Strasse, Romberg holds his clinique. He is particularly distinguished for his treatment of nervous affections. His admirable work on "Diseases of the Nervous System," said by some to be somewhat unintelligible, has been translated into English, and is no doubt familiar to many. There are several private institutions for the education of young men that have no support from government, the professors of which are recognised by the University as extra-academical professors, or *privatim docentes.* I will only mention those of excellence. In the Orthopædic Institution of Dr. Buehring, almost every kind of deformity may be seen, and an infinite variety of apparatus. A few months' attendance will suffice to show the most sceptical the great advantage which frequently attends the judicious employment of mechanical means for removal of deformity. I have there observed, and only there, curvatures of the spine in young girls, deformities of the femur, &c., brought back to their original condition, while, at the same time, the young patients were daily improving in health, and they have finally left the hospital with rosy cheeks and robust health. The Doctor confines them to the horizontal posture, only three or four hours daily. Some of his little patients have been with him twelve, and some eighteen months. Buehring has strongly advocated the bringing together by force of the two superior maxillaries in congenital absence of the hard palate. He

*I have devoted more time to this matter than I originally intended; but as it is an important one, and the mode of treatment peculiar to Berlin, I thought it entitled to more than a passing remark.

was the first to practise and recommend this operation. Dr. B. is a nephew of the late Dieffenbach, and edited his work on "Operative Surgery," which appeared shortly after his death.

Dr. von Graeffe has a clinique for diseases of the eye. A great collection of cases may be seen at almost any hour, but especially from nine to eleven A. M. He enters very fully, when occasion presents itself, into the physiology of the eye, and the laws of optics. I may mention the treatment of ulcerations of the cornea, by the solution of atropine, which I have seen applied almost daily, with the greatest success. It is not necessary to allude to all the remedies recommended. Nitrate of silver in substance, weak and strong solutions, and sugar of lead in powder, weak and saturated solutions, seem to be the favorites with the profession. Jacob, in his "Essay on the Morbid Anatomy of the Human Eye," p. 367, says that caustic sometimes becomes permanently fixed, and constitutes an indelible dark speck. The same author, p. 369, makes an equally grave charge against the use of acetate of lead. He says that the obstinate and intractable nature of some ulcers, whose surface presents an opaque white color, is due to the employment of the acetate of lead. He seems to think that the acetate is decomposed, and that a white precipitate is deposited in the ulcer, to which it adheres tenaciously, and in the healing becomes permanently and indelibly imbedded in the structure of the cornea. To atropine in solution there can be no such objection. It cannot leave any dark speck or precipitate to be imbedded. Whether it exerts a specific action on the ulcer, or acts indirectly through the capillaries, I cannot say; but certain it is, that ulcers have been found to heal under this treatment much more rapidly than under any other local application. I merely mention the fact, and leave it to others to determine its action. Dr. Graeffe employs it also in conjunctivitis. Dr. G. is son of Dr. G. whose name I have already mentioned. The money left by his father enables him to support an hospital at his own expense. His acquaintance with French and English, and his desire to impart instruction, by speaking in either language when necessary, renders him a favorite, and his clinique is much frequented by persons speaking these languages.

The following are not intended for the education of students:—Bethanien, founded by Frederick William IV., and opened in 1848, for the education of Protestant Sisters of Charity as nurses (Diakonissen), who here serve a noviciate of one year before becoming "sisters." Those sisters are not composed of the lower classes, but frequently belong to the

first families of Prussia.* Unlike the sisterhood of the Roman faith, they pledge themselves to a life of celibacy but for five years, at the end of which, if Providence has thrown in their way some likely fellow, they can doff the modest gray and white; if not, they may renew their vow for other five years, or for life. They are paid a trifling sum yearly, barely sufficient for clothing. They frequently serve in other hospitals, and in the city, as nurses. The proceeds of their services is paid into the treasury of the Bethanien, and they return to their Mütter Haus. Like most establishments, where sisters of charity are nurses, everything is very clean, and kept in the best order. The hospital contains but three hundred beds. I have seen three times that number confined in a smaller space. The roof is high, windows large, rooms light and cheerful, floors beautifully polished, passages heated with air, by pipes brought from the furnace. There are also pipes to convey away the foul air, and introduce fresh. Each ward contains from twelve to sixteen beds, having sometimes the length of a bed between them. There are four physicians and surgeons. The directors and apothecary are both females, elected from among the Diakonissen.

Elizabethan: for diseases of women, generally contains ninety beds—also attended by sisters of charity.

Kinder Hospital: for children of from 1 to 11 years of age.

Armen Haus Hospital: far vagrants, drunkards, incurably sick, incurably insane, and prostitutes, who are all kept separate. It contains one thousand beds, which are well occupied in winter, but in summer rather empty.

Before taking leave of the various hospitals, I feel bound to mention, in the warmest terms, the admirable appointments that distinguish them. Most of them are fitted up with every care to the comfort of the inmates, some of them with elegance, at least elegance as compared with what we usually meet in institutions of a like nature. The most casual observer cannot fail to notice the very great cleanliness and comfort that reigns throughout. Light, airy, and cheerful (one might easily forget he was in an hospital), they form an excellent contrast to the dark, dreary, dismal, overcrowded and ill-ventilated dungeons of the so-called head of affairs medical, Paris; for there, as in many parts of Britain, these are luxuries to which the eye is unfortunately not much accustomed.

When writing of medical affairs in Berlin, it will not be out of place

* The Countess of Stolberg, recently married from this Institution, had been a nurse for many years.

to mention some of the most striking features that distinguish the medical police of Berlin, and Prussia generally; for the same wise and salutary laws for sanitary purposes, are applicable to the whole Prussian kingdom. I select Berlin for the sake of convenience merely. It is divided into a number of wards or sections, each of which is attended by a medical man, who is paid a regular salary for attending to all those residing in his section, who may require his services. His prescriptions are sent to an apothecary, who charges the medicine to the town, and the poor are thus free of expense. All tradesmen, engineers, blacksmiths, carpenters, &c., are compelled to pay a small sum weekly when in service, for the help of their own sick. This originated with themselves, in a bond resembling Odd Fellowship, but has now become a law. The tax is regulated according to their wages, and is deducted from their weekly pay.

There exists another society, which is not fully under the surveillance of the police; and which, on account of its independent nature, stands great chance of being broken up. This is the Hygienic Association. It numbers upwards of 10,000. Members by paying two groschens (about $2\frac{1}{2}d.$) monthly, receive the services of a medical man during health and sickness.* It is necessary to announce the birth of every child to the police, and to state whether born healthy or diseased. After some months it must be vaccinated. For this purpose there are institutions in every town, and at convenient distances in the country. Every Prussian must serve three years in the army, and when enlisted he is re-vaccinated. No person is employed in any service, civil or military, without certificate of vaccination. There are a few houses licensed by the city, which are visited twice a week. If the police have reason to suspect that fair damsels receive the nocturnal visits of persons *illegitimately*, they are waited upon and examined, and compelled to go to the Safety Committee. The detection of these is rendered easy by the fact that all houses licensed are situated in a certain quarter of the city, the Koenigs Mauer, and the inmates are not allowed to extend their haunts beyond it. I may here remark that the medical police are in connexion with, but over the town police.

Besides the physicians already mentioned, there are eight for the city, whose duty it is to visit manufactories, workhouses, gaols, boarding-schools, &c., to see that the inmates, have comfortable apartments and

* This association has since been demolished by the police. It was thought that the principles of hygiene they wished to introduce extended even to government; that it was, in fact, a secret political society.

sleeping rooms, sufficient clothing, and food of a proper quality; that they have their regular hours of recreation, and that they are not tasked either in work or study beyond their strength.

Physicians must announce to the police all the cases of cholera, small-pox, epidemic dysentery, or supposed infectious disease, that may occur in their practice, scarlatina and measles excepted. They must also give to the parents or friends of any one dead in their practice, the date of death, and the name of the disease of which he died. Every week a list is published of all the deaths, with the diseases subjoined. The names of the deceased are published in connexion with the church to which they belong. I shall now notice very briefly the curriculum of the study of medicine in Prussia.

Before being allowed to matriculate, students are compelled to undergo an examination in classics, French mathematics, history, and German literature. They have to write a thesis in Latin and German, on any subject given them. The principles of philosophy, logic, and metaphysics, are also entered into. This past, they are admitted to the University. Their study must extend over a period of four years, or eight *semestres*, four of which must be in a Prussian university. At the expiration of two years, they are examined in physics, chemistry, botany, zoology, mineralogy, and some branches of philosophy. This examination is necessary before proceeding with further studies. These examiners are not connected with the medical faculty. At the end of the four years, they are examined by the medical faculty. The examination commences with a thesis prescribed by the dean of faculty. When written and approved of, the dean, who is annually elected from among the professors, examines the candidate on medical subjects generally. If successful, each professor examines him in his particular department. This is called *examen rigorosum*, but in comparison with what is to follow it is not rigorous. He has then to write a thesis in Latin, and print, at his own expense, a sufficient number of copies to enable him to send one to every university in Germany, and three to each professor or teacher attached to the University to which he belongs. This thesis is impugned, and must be defended against three adversaries. The debate, which is not usually very animated, is conducted in Latin, and is public. This over, the title of M. D., is conferred.

But in order to be enabled to practise, a *staats examen* or *cursus* must be undergone. It commences about six or twelve months after, but may be deferred as long as the candidate wishes, and usually lasts five or six months. In this cursus the following branches are gone over:

anatomy, surgery, medicine, and midwifery. In clinical medicine and surgery, the candidate from time to time receives patients, and in presence of professors and students make the diagnosis, offers a prognosis, and prescribes the treatment. He is then locked up, and has to write a complete history of the disease. In midwifery the candidate makes an examination of several women, and states the stage of pregnancy, &c. He has also to make deliveries in presence of the professors. On the dead subject, he has to go through all the operations—amputations, ligatures, &c., besides the more elementary parts of surgery, bandaging, &c. In anatomy, the candidate is required to make a preparation of any part given him, and of any system.

The *staats examen* from beginning to end is conducted by lottery. The candidate draws from a number of others a paper, on which is written what is required of him. He draws in each branch separately.—*Glasgow Med. Jour.*

Comments on the late Proceedings of the American Medical Association.—The following spicy notice of a portion of the Proceedings of the American Medical Association, is from the Virginia Medical and Surgical Journal. We copy it, to show the feeling in an independent and respectable quarter, as regards the "*masterly inactivity*" policy of the Association on the subject of medical reform:

"We come now to the measures of medical reform brought before the Association. It was moved that Dr. Wellford's suggestions touching the licensing power, should be referred to a committee, who should bring the matter fairly before the profession, and, if necessary, memorialize the legislatures of the several States to carry out the wishes of the Association. Immediately there was a professorial onslaught, and the subject was laid upon the table.

It was then moved that no delegates be received in the Association from medical schools, which give two courses of lectures annually, each of which counts towards a degree. Again there was a flutter among the ranks of the lower orders of professors, who teach (!) all the year round, and, on motion of Dr. Atlee, of Pennsylvania, the resolution was laid upon the table.

In this connection, Dr. Samuel Jackson mentioned an instance of a mechanic of Phœnixville, Pa., who had unsuccessfully attempted the vocations of cabinet-maker and grog-shop keeper, and had subsequently practiced, with popularity, as a Thompsonian quack. It was suggested to him that it was desirable that he should possess a diploma. He left his residence, and returned in one week, with the diploma of a Philadelphia Medical School. In reply to interrogations from various delegates, the eminent professor stated the name of his informant—a respectable practitioner of Phœnixville, and the name of the institution by

which this diploma was granted,—the Philadelphia College of Medicine, commonly known as "McClintock's School." Dr. BRYAN announced himself as the representative of this institution, but no motion was made to deprive him of his seat.

Various efforts were then made to induce the Association to recommend Medical Schools to require their graduates to subscribe to a pledge to submit to the revocation of their diplomas upon conviction of having knowingly violated the Code of Ethics of the National Association. There was such an entire absence of concert among the friends of reform, that these efforts were easily frustrated.

The subject of amendments of the Constitution now came up, and the delegates from Virginia presented the resolutions of the Society of that State, urging such changes in the Constitution, as should exclude from representation in the Association, all colleges and schools which do not conform to its recommendations on the subject of medical education. Dr. STEVENS, of New York, moved the indefinite postponement of all amendments, and it was decided that this motion was not debateable. Accordingly, it was carried by a triumphant majority, and the schools are left to the tranquil pursuit of their glorious objects for another year.

In thus reviewing the late session of the American Medical Association, and arriving at the painful conviction that it accomplished nothing of importance or value on that occasion; that, on the contrary, its deliberations have had an injurious effect, in showing its impotence to effect those radical reforms expected of it, we desire to impress upon our readers the necessity for active and individual exertion in behalf of the interests of the profession. The voice of public opinion will be far more effectual in suppressing the evils which beset us, than the unheeded remonstrances of associations.

We know that it is far easier to tear down than to build up, to point out defects than to correct them, and our expectations of improvement are not very sanguine. Still, we believe it is in the power of individual physicians, by properly cultivating the noblest and most useful of human pursuits, by jealously guarding against every temptation which can lower the dignity of their calling, by refusing to receive students whose character, or want of preliminary education, unfit them for scientific studies, to elevate their profession in their own eyes, and in the opinion of the world."

RECORD OF MEDICAL SCIENCE.

SURGERY.

Case of Elephantiasis Arabum of the Right Inferior Extremity, successfully treated by ligature of the Femoral Artery. By J. M. CARNOCHAN, M. D.—Charles Roller, of lymphatic temperament, and short stature, æt. 27, born in Aix-la-Chapelle, occupation, merchant, left his home in December, 1849, landed in New York in February, 1851, went thence to Connecticut, where for eight months he worked in a factory, standing during his hours of labors; thence went to Virginia, where he worked on a farm for about six months, at the expiration of which period he was taken with fever, of an intermittent character. Up to that time, he had always been in good health.

During the fever, the inguinal glands became swollen and painful; the swelling and pain extending in the course of the femoral vessels as far as the knee. The pain was followed by swelling and redness of the thigh down to the knee. From the knee, the pain and swelling continued to extend downwards as far as the toes; being, at this time confined chiefly to the portions of the limb along the course of the saphena vein, and also of the posterior tibial vessels. The redness and tumefaction here, as in the thigh, were preceded by deep-seated pain. The tumefaction of the limb continued to increase; while, at the same time, febrile exacerbations occurred at intervals, varying from two to six days. After a period of about six weeks from the commencement of the disease, the fever entirely disappeared, and by this time, also, the pain and redness had entirely ceased; the limb, however, remaining hard, swollen and rough, and presenting, in a marked degree, the peculiar characteristics of Elephantiasis Arabum, in the chronic period of the disease. From this time forward, the hardness and intumescence gradually increased, and the limb became so cumbersome that the patient was obliged to give up all business, and confine himself chiefly to a recumbent posture. In this condition, the patient left Virginia for the purpose of seeking medical relief at the New York Emigrants' Hospital, into which he was admitted the fifteenth of January, 1851. The appearance of the patient upon entering the Hospital was somewhat emaciated. He had no febrile symptoms, and the chief difficulty, under which he labored, arose from the enlarged and hypertrophied condition of the right inferior extremity.

The limb was enlarged from the toes to within a short distance below Poupart's ligament. The thigh, although enlarged, was not much indurated; while, from a short distance above the patella, downwards, the limb presented a dense, hypertrophied, hard, scaly, shapeless mass.

The morbid condition of the tissues pervaded the foot and toes, there presenting groups of tuberculated growths. The circumference of the limb around the ankle, was nearly as large as that of the calf; measur-

ing fifteen and one-half inches, while the circumference of the calf measured nineteen and one half inches.

The patient was put under treatment upon entering the Hospital. The recumbent posture was enjoined, and for some time various discutient lotions were used. Bandaging was resorted to, with frictions of ung. Potass. Iodid.; the Iodide of Potassium being also prescribed internally.

At times, also, the limb was painted with strong tincture of Iodine; local and general baths were used, regular bandaging of the limb, from the toes upward, being the while carefully observed.

This plan of treatment was perseveringly adhered to from the fifteenth of January to the twenty-second of March, a period of a little over two months, without any amelioration. Having thus tried, without success, the method of treatment most approved of, I proposed to place a ligature upon the femoral artery, with a view of changing the morbid condition of the structures supplied by the branches of this arterial trunk. A consultation was held, and my proposition was acceded to as preferable to amputation, the usual alternative resorted to in this stage and extent of the disease. Accordingly, on the twenty-second of March, 1851, I secured the femoral artery, a short distance below the origin of the arteria profunda. Upon exposing the femoral artery, this arterial tube was found to be changed, so as to present an appearance somewhat like the color of the aorta of the ox, and to be larger than the common iliac of the human subject. In consequence of this appearance of the artery, after some hesitation, I applied the ligature, preferring to do this, rather than to expose the external iliac, of the soundness of which I could not be certain.

The ligature came away from the femoral artery on the eleventh day, accompanied by secondary hemorrhage, the occurrence of which I expected as probable. For the purpose of arresting the hemorrhage, the *external* iliac artery was secured by ligature, by Dr. A. E. Hosack, who happened to be on duty at the time in the Hospital. The external iliac was found to be about the size of the brachial artery. This, for a time, apparently had some influence upon the hemorrhage; but on the following day, bleeding was again renewed from the orifice, in the femoral artery, with as much profusion as ever.

The hemorrhage was now restrained by the prompt application of a tourniquet, on the *cardiac* side of the bleeding orifice, by the house surgeons, Drs. Thompson and A. K. Smith.

This even failed to stop permanently the hemorrhage, and the blood recommenced oozing copiously at intervals. The patient was now sinking fast, and the ligature of the common iliac, or amputation at the hip-joiut, appeared to be the only resources left. But the hemorrhage now baing evidently reflux, it was suggested to apply the tourniquet, so as to produce compression on the *distal* side of the bleeding orifice: this was done, and was followed by a complete cessation of the bleeding.

From this time, (April fourth, 1851,) the house surgeon kept an instructive record of the case, which record I have now before me. For

several days, the pulse ranged from 115 to 108 : the dressings were carefully attended to, and light diet prescribed. On the twelfth, the leg was found to be considerably reduced in size, and the ligature of the external iliac, came away. On the seventeenth, brandy and quinine, with good nourishment, were ordered. On May the first, finding the leg still more reduced and the lower wound healed, I ordered tincture of iodine to be painted on the leg, and the bandage to be continued; I also ordered a solution of chloride of soda to be used as a wash on the upper wound, which continued to discharge freely.

The patient now went on gradually improving in strength and appearance, and left the Hospital in the latter part of June, completely cured of his malady. At this date, sixteen months after the ligature of the femoral artery, the patient is in robust health, and presents no indications that the disease will return.

Report of Dr. Carnochan.

Tracheotomy for the extraction of a piece of glass.—A boy, aged 8, was brought hastily to the Newcastle Infirmary in a suffocating state, in consequence of a portion of broken glass having got into his wind-pipe during play. He was seen soon after admission, and it was found by the stethoscope, from the distinct whistling sound, most evident a little below the cricoid, that the glass was impacted there, and he was immediately placed under the influence of chloroform. Tracheotomy was then performed, and the trachea slit downwards from the cricoid for about an inch, when a violent convulsive paroxysm of coughing expelled a piece of glass about half an inch long, with irregular edges, and about a quarter of an inch broad. The patient recovered without a bad symptom.—*London Medical Times and Gazette.*

Iodine to Remove Seams arising after a Scald.—Dr. S. Nicholls, of Longford, Ireland, records a case, in the Dublin Medical Press, for August 17th, 1853, in which the strong tincture of iodine was used with much success to remove very unsightly "seams and puckers," which had appeared after the healing of an extensive scald in a child, aged 18 months.

New Method of Operating for Strabismus by a Temporary Ligature.—M. Tavignot sent in a memoir, the object of which is to explain a new method of operating for strabismus. This new operation is founded on the following idea, that, instead of lengthening a muscle supposed to be too short, you must shorten a muscle in reality too long. Instead of leaving the eye to oscillate with difficulty, and sometimes sluggishly, between two muscles, one of which is mutilated by a section, and the other remains always more or less powerless, my method of operating, says the author, attacks the longest muscle, and not only shortens it by

a sufficient length to equal that of its antagonist, but it furthermore acts by increasing its physiological contraction.

First operation.—The longest muscle—that is to say, that one which is opposed to the deviation being exposed in the ordinary manner for strabotomy, the operator proceeds in the following manner:—A blunt hook, with an eye at its extremity, is passed underneath the muscle, so as by lifting it up to detach it from the globe of the eye. The hook is then carried forward, so that its concavity embraces the muscle at a little distance from its aponeurotic expansion. A thread of silk is then passed though the eye of the hook, then the hook itself is brought towards the operator, leaving the ligature under the muscle. By a double twist of the ends of the thread on one another, a simple, yet very resisting, knot is obtained. There only then remains to finish the operation, to tighten the knot, and cut away one of the ends of the ligature. The other end is brought to the corresponding angle of the eye and fixed to a spot on the circumference of the orbit.

The first effect of this ligature is to render the lateral fibres of the muscles more central, and thus to bring about a shortening of this organ. The second effect is to develop an adhesive inflammation, which not only fixes permanently the abnormal juxtaposition of the muscular fibres, but also establishes adhesion between the muscle and subjacent sclerotic membrane.

The ligature not being intended to produce division of the muscle, must consequently be only temporary. Towards the end of the second, or beginning of the third day, it can be easily taken off by means of gentle traction carefully applied to the end which remains.

This first operation may not in all cases produce the effect which we have described. Very severe strabismus will no doubt prove refractory. It is at least with this idea that I devised a way of making it more efficacious.

Second operation.—The hook having been passed under the muscle, as in the preceding case, the ligature is passed, not directly under the muscle, but under the hook, so as to embrace the muscular expansion.

Before going further, it must be discovered by a momentary constriction if the globe is perfectly restored to its normal position. To prove experimentally that the ligature has effected the required degree of shortening, we must proceed, during the operation, in the following manner:—The ligature being passed once under the hook, a different colored thread must be passed through the loop thus formed, then constriction is made by means of the first-mentioned ligature, but taking care to make only one knot, and to make it a single one only. The hook is then withdrawn, and the eye left to itself. The changes in its direction can now be judged of accurately. If the globe is not brought back sufficiently, a larger quantity of muscular tissue must be embraced by the ligature; if the globe is too much brought back, a lesser quantity of muscular tissue must be enclosed; but in either case the ligature already put on must be withdrawn as soon as possible. Owing to the precautions we have adopted with this view, nothing is more easy; the

eye being fixed, one end of the ligature is drawn with one hand, while the other hand pulls the thread passed through the loop of this same ligature. The knot gives way immediately to this opposed extension. There only then remains to pass the hook again underneath the muscle (if it has not been already done before taking away the ligature) and recommence the operation, keeping in mind the data furnished by the first trial.—*Dublin Med. Press*, from *Presse Méd. Belge*.

Upon the Entire Resection of both Superior Maxillary Bones. By M. Heyfelder, Professor of Clinical Surgery at Erlangen.—Gensoul at Lyons, and Lizars in England, were the first to extirpate (1827) the superior maxillary bone of one side in cases of disease. Since then the operation has been often repeated, and in 1846, Ried (*Die Resectionem der Knochen*) was able to collect thirty-five cases, of which twenty-four were followed by success. If to these be added the cases of Morel-Lavalle, Maisonneuve, Chaissaignac, Robert, and Muston, together with those related in the Surgical Cliniques of Munich, Wurzburg, and Erlangen, not yet published, above fifty cases may be easily enumerated. The same remark cannot be made of the resection of both superior maxillæ. M. Velpeau accords the honor to Rogers, "who, in 1824, took away the upper jawbone of both sides as far as the pterygoid processes, and who found it scarcely necessary to divide the lip." This description is too brief to be intelligible. Liston removed the entire superior maxillæ of one side, and part of the other. Dupuytren (1818) effected the partial removal of both maxillæ in a man sixty-eight years of age.

Thus, the cases hitherto known are but examples of the partial resection of both maxillary bones.

The complete extirpation of both bones has been performed by Heyfelder twice. The first operation was in the summer of 1844; the second, in January, 1850.

Case 1.—A. Schmidt, aged 25, came to the Clinique, June 13th, 1844, suffering from a tumor of the face, which, from his account, had commenced a-year ago, in the posterior part of the palate, and had gradually involved both superior maxillary bones. The nose was pushed upwards, and flattened; the palatine arch was depressed towards the tongue; the face was affected with œdematous swelling; both respiration and deglutition were impaired, speech was embarrassed, and the sleep broken. The teeth, though loosened, were sound; only two incisors were wanting. The tumor appeared everywhere hard, uneven, and insensible to the touch, and did not pass beyond the boundaries of the superior maxillary bones. The constitution was good; lancinating pains had been felt in the tumor only during the last few weeks.

Dr. Heyfelder concluded that the tumor was of an indolent malignant character, and that the only remedy consisted in the entire removal of both maxillary bones. The operation was performed, June 23, 1844. The patient being seated in a chair, the head resting against the chest of an assistant, two incisions were made from the external angles of the

eyes in the labial commissures, and the included parts were reflected upwards to the internal angles of the eyes, and to the ossa nasi. The flap, thus formed, was raised towards the forehead, until the infra-orbital ridge was exposed. Then the chain-saw of Jeffray was passed through the spheno-maxillary fissures, and the molar bones were divided; the maxillæ were next separated from the ossa nasi; the vomer and the thinner bones were cut with strong scissors; after which a chisel, applied with moderate force to the superior part of the tumor, was sufficient to effect its separation. The accessions of syncope prolonged the operation, which, however, did not last longer than three quarters of an hour. Very little blood was lost; torsion and compression sufficed to arrest the hæmorrhage. Two hours afterwards, the edges of the wounds, from the angles of the eyes to the corners of the mouth, were united by twenty-six points of suture, and cold lotions were applied; there was no reaction nor swelling; the patient could swallow water and broth. Four days after the operation it was remarked, that the wounds had become almost entirely united by first intention. In six weeks the patient was presented at the Physico-Medical Society of Erlangen, and on August 25 he was discharged.

The following was his condition:—There was no deformity of the features: in his mouth there was seen along the median line a fissure thirteen lines long and three lines broad; the extirpated parts had been replaced by the tissue of a cicatrix, firm and solid at the circumference, but somewhat softer near the fissure; the soft palate and the uvula were in their natural place; deglutition was free, and the tongue in a better state than formerly; the nose had resumed its usual form and direction; the face, which, before the operation, was monkey-like, once again possessed a human expression.

The microscopical examination of the tumor showed that it was of cancerous nature. Six months afterwards, the patient, in good health, went to work in the fields; but in the summer of 1845, Dr. Heyfelder was informed that another tumor was forming in the forehead.

Case 1.—Martin Lochner, aged 55, was affected in the upper lip, twelve years ago, with a cancerous growth, which was operated upon three years after its appearance. For two years there was no return; but, subsequently, a small tumor developed itself near the cicatrix, approached the nose, and excited violent pains. Soon a cancerous ulcer formed, which extended over the right half of the upper lip, the ala nasi, and the palate. The patient came into the hospital Jan. 21, 1850, in the following state:—A horrible cancerous ulcer, commencing at the right commissure of the mouth, occupies the greater part of the upper lip, and has destroyed both the right ala and the septum nasi. All the parts were covered with painful, bleeding, fungous growths. The palatine arch was converted into an irregular, knobbed, cancerous mass; most of the teeth were lost; an offensive secretion was constantly flowing, and the patient was thinned and worn out.

The operation was performed January 24. Two incisions were made, exactly as in the preceding case. The chain-saw was used to separate

the left os malæ, and Liston's bone forceps to divide the right. The remains of the septum nasi and the vomer were cut with strong scissors. A considerable quantity of the soft parts was likewise taken away. The patient was fed by a syringe. The left coronary artery bled three hours after the operation, but it was easily tied. The case went on well; and, on February 18, when the patient was presented at the Physico-Medical Society, the following was his condition :—The greater part of the wounds were united; but a deficiency existed in the face, corresponding to the disease, at the superior part of which were seen the vertical portion of the ethmoid, and the two ethmo-turbinal bones. In the velum palati there was an opening, two centimetres wide. The destruction of the lip and of the nose produced on the right side a triangular opening, the base of which corresponded to the mouth, and the superior angle to the root of the nose.

He can take liquid food, but his speech is unintelligible; but, when the opening in the palate is closed by the sponge, he can make himself understood. Autoplastic operations were unadvisable, from the exhausted condition of the man.—*Med. Times & Gaz. from Rev. Medico-Chirurgicale de Paris.*

OBSTETRICS.

Two cases of early viability, and an interesting case of premature birth

By M. McCulloch, M. D., M. R. C. S. L., Lecturer on Midwifery, McGill College, Physician to the University Lying-in-Hospital, &c.—Mrs. Henderson, aged 28, the wife of a grocer in this city, had been married about a year, and was attended by me in her first labor on the 13th February, 1849. She was delivered of a son whose weight was ascertained by his father and myself not to exceed thirty-six ounces, and his length, likewise accurately taken, was fourteen inches. He had some hair on his head, and cried as soon as he was born. He was wrapped in cotton wool, and within twenty-four hours sucked his mother's breasts without difficulty. Her nipples were well formed and she had already a sufficient supply of milk. On the 24th he weighed forty-seven ounces, and on the 13th March, when a month old, his weight was 3lbs. 11 ounces, and length 16 inches. On 13th April, I put him again into his father's scales, and found his weight to be 5lbs. 2 ounces, and length 17½ inches. Up to this date his health had been so uniformly good that he never needed any kind of medicine, and he was, in every respect, except size, a fine thriving child. Soon after the commencement of the third month he was unfortunately exposed to cold, and died of inflammation of the lungs, after being ill about a week.

The mother of this child could not remember the date of the last appearance of the catamenia nor when she quickened, but thought she became pregnant about the first of July, and if there was no error regarding this date, her son had been in utero seven months and thirteen days, and there must have been some check to his uterine progress, but if we take nto consideration the favorable state of his health and daily increase in

bulk after birth, and his immature weight when two months old, I think his mother may have been mistaken regarding the first of July, and that it is more probable the duration of his previous existence did not exceed the end of the sixth month.

Mrs. Galbraith miscarried on the 28th of January. She became again pregnant before the catamenia returned, and was delivered by me on the 23d of July—175 days, or twenty-five weeks after the miscarriage. The mother refused to allow the child to be weighed, but I ascertained its length to be thirteen inches. It is probable that its weight was less than two pounds, and that the duration of pregnancy did not exceed twenty-two weeks. Notwithstanding, it survived three hours, and its cries were so loud and frequent during the first forty minutes as to astonish every one present.

Mrs. ——, the wife of a former steward of the Montreal General Hospital, the mother of several children, had a child born within 6 months and 14 days of the possible commencement of pregnancy. Previous to this period, she had resided some months out of town and menstruated regularly. She was the patient of a medical friend, and I had an opportunity of seeing the child about six weeks after its birth, when it was still very small, and I had no doubt of its being a satisfactory case of early viability. It survived, and is now upwards of 10 years of age: It took the breast well at birth. The testes descended, two months after birth, accompanied by a loop of intestine, producing scrotal hernia, which was radically cured by the use of a truss at the age of 18 months.—*Montreal Monthly Journal of Medicine & Surgery.*

PATHOLOGY AND PRACTICE OF MEDICINE.

Ætheric Solution of Balsam of Tolu in Chronic Bronchial Catarrh. By Dr. Roziere.—The author employs, in cases of bronchorrhœa and obstinate cough, also in cases of aphonia, from continued talking and singing, as well as in other chronic affections of the chest, æther. sulphur. 60 grmm.; bals. tolutan. pur. 20 grmm. He puts the mixture into a suitable vessel, and makes the patient inhale the vapor every half hour for two or three minutes.—*Med. Times and Gaz.*

Oxalate of Lime, and its relations to certain forms of Neuralgia. By H. A. Johnson, M. D.—We are indebted for what we know of this deposit mostly to Dr. Golding Bird. From his observations he was led to the conclusion that oxalate of lime occurs in more than one-third of the cases in connection with an excess of uric acid or urate of ammonia, that in all cases there is an excess of urea, and that it is frequently accompanied by an excess of the phosphates; he also thinks it probable, that the uric and oxalic diatheses are both produced by the same morbid influences.

Uric acid, as existing in normal urine, is, without doubt, derived from the nitrogenized tissues of the body, but when found in excess, it

may usually be traced either to ingesta, which the juices of the stomach have not power to dissolve, or to a too rapid destruction of tissues under the influence of heat, &c., as in fevers and inflammations; can oxalic acid be traced to a similar source?

Dr. G. Bird has presented a very ingenious theory for the production of this acid from urea and uric acid, but there is generally an excess of one or both of these ingredients accompanying the oxalic deposits. Should we expect this to be the case, if the abnormal product was the result of a transformation of the urea and uric acid? It seems to me not. My own observations have been limited, but I have thought, from a careful study of quite a number of cases, that, while a temporary functional disease of the digestive organs or the introduction into the digestive tube of a large amount of food, difficult of perfect solution in the juices of the stomach, will generally give rise to uric acid deposits in the urine, chronic disease of the alimentary canal, whether functional or organic, will *more* generally be found to exist with the oxalic diathesis.

In quite a large number of instances in which I have observed the oxalate of lime in the urine, the patients have not only been affected with dyspepsia, but have also been subject to severe attacks of neuralgia. In the first few instances, the neuralgic pains were confined to the lower extremities, and I strongly suspected that they were produced by mechanical irritation of the vesical mucus membrane from the crystals of the oxalate with which the urine was loaded at the commencement of the attack, but which, towards the termination, were replaced by an excess of the phosphates.

I have since observed neuralgic pains in the face, superior extremities and in the chest, co-existing with oxaluria, and, after carefully studying a number of cases, it seems to me evident, that the neuralgia and the urinary deposits sustain to each other an intimate relation through a common cause, viz: the derangement of the digestive organs.

It is perhaps probable that oxalic acid, whether produced from malassimilated food, as I think, or, from a metamorphosis of urea and uric acid, may exist first in combination with ammonia, as Dr. G. Bird has suggested. If so, it is possible, that it may, instead of being selected by the kidneys and combining in those organs with lime, be precipitated in the tissues. The crystals of this new salt, many of them smaller than blood globules, and presenting sharp angles and edges, may thus, by mechanical irritation, act directly upon the suffering structures, producing that intense and indescribable pain, for controlling which, anodynes and narcotics have so little power.

Permit me to allude to my own personal experience. During the last few months I have been frequently annoyed by neuralgic pains, and always after eating freely of oranges. I had never been in the habit of using this fruit until during my recent visit south, but while in Natchez and New Orleans, it constituted almost my only diet. I also ate very freely of it during my return home.

It is to my mind an interesting fact, that the first neuralgic pain that

I ever experienced, so far as my memory serves me, was while in Natchez. Since my return I have frequently partaken of the fruit, and almost always with the same result, pains of a neuralgic character in my face, chest, knee, dorsum of the foot, &c. These facts induced me to institute the following experiment.

At 8 o'clock A. M., I breakfasted on beef steak, potatoes, corn bread and two eggs. After breakfast I walked two miles. At 11 A. M., the urine passed, was normal in color, specific gravity 1030. After standing, there was no deposit of any kind; on a careful microscopic examination, I was unable to detect a single crystal of the oxalate of lime. I then ate four large oranges; at 1 P. M., I dined on a small quantity of roast beef, and whortleberry and green currant pie. At 7 P. M., the urine passed was of straw color, specific gravity 1036. After standing 30 minutes, a sediment was thrown down, consisting mainly of oxalate of lime in very large beautiful crystals. I think I never saw a specimen of urine in which it existed in greater abundance, or in which the crystals were larger. It also contained urate of ammonia and an excess of urea. I placed some of it in a watch glass, and added strong nitric acid; in a few moments it was almost a solid mass from the crystals of nitrate of urea. The urine passed the next morning at 7 o'clock had a specific gravity of 1030, and contained an excess of urea and uric acid and epithelial scales. At 11 P. M., the urine was normal. I then ate four more large oranges, and went to bed. The urine passed at 7 o'clock the next morning was loaded with the oxalates. These two experiments, one upon the urine of food, and the other upon the urine of blood, seem to me to indicate: 1st, that oxalic acid may be produced from the ingesta; 2d, that oranges, and probably all fruits containing citric acid, may give rise to the oxalic diathesis.

The manner in which the transformation is effected is uncertain, nor is it a matter of much consequence. I venture, however, to present as a possible explanation the following formula:

	C.	H.	O.		C.	H.	O.	
6 at. of cit. acid =	24	18	30.	=	12		18	= 6 at. oxalic acid.
					12	10	10	= 2 at. lactic acid.
						2	2	= 2 at. of water.
						6		

We have remaining six atoms of hydrogen, which, united with 2 at. of nitrogen, would produce 2 at. of ammonia.

What influence have the organic acids in causing neuralgia through the derangement which they produce in the performance of the digestive functions? Do the neuralgic pains depend upon mechanical irritation, as I think may be possible, or do they depend upon perverted nutrition of the nervous structures, as I think more probable? These are interesting subjects of inquiry, but I have not time to pursue them further. —*North Western Med. and Surgical Journal.*

Treatment of Acute Articular Rheumatism by lemon juice. By Hector Peltier, M. D. Edin., Professor of Institutes of Med., Montreal School of Medicine; Physician to the Hotel Dieu, &c.—I wish to place

before your readers the result obtained by myself with lemon juice in acute rheumatism. I have now used it since 1850, and whenever it could be properly tested. It is to Dr. G. O. Rees, of Guy's Hospital, London, that we are indebted for the employment of this medicine in rheumatism. I cannot give any reliable explanation of its decided benefits, because alkalies act also beneficially in many cases of a similar kind. The way I employed it was simply by directing that the lemon itself should be sucked by my patients now and then in the course of the day. They never used more than two per diem. Under its influence, the pain and stiffness of the joints diminished in four or five days and sometimes sooner.

The cases I have had were genuine acute rheumatism, with all the characteristic symptoms present, but free from complication with any inflammation of the heart. I have had frequent opportunities of testing what I would call this invaluable, though simple mode of treatment, in the Hotel Dieu of Montreal, as well as in private practice, for during the last winter and spring, rheumatism raged extensively in this city. I know well that all species of remedies have been tried in rheumatism, but none have given me so much satisfaction as lemon juice. As for colchicum, its reputation is losing ground; and I think with good reason. It is a powerful medicine, but has been used too freely, and given in altogether too large doses. From my experience, I am disposed to believe that the majority of practitioners will honestly confess that it has done more harm than real benefit in both gout and rheumatism, and as it has been lately remarked with great propriety by Dr. Bouchardat, in his Annuaires de Therapeutique for 1852, "the greatest number of cases of death from gout or rheumatism is more attributable to colchicum than to the metastasis of the disease, as we are prone to say when a bad result supervenes." Salines are very useful in acute rheumatism, and form the best purgatives that can be employed. I am in the habit of prescribing them once or twice a week in connection with the lemon juice throughout the duration of the case. Iodide of potassium I also use, but only in the latter state, as an alterative.

Dover's powder I have given at night to allay any irritation. Fomentations of the joints I order but seldom, and very sparingly, because they give more trouble than real advantage.

As an illustration of the preceding remarks, I will mention one case in particular that I treated in February 1853, which gave me a good deal of uneasiness on account of advice repeatedly offered to the patient by his surrounding friends. Mr. J. L——, a gentleman connected with the first banking institution in Canada, was affected with acute rheumatism. Every joint was immovable, the pain intense, skin hot and perspiring profusely, pulse 110. From past results with lemon juice, I decided to use it, and directed two lemons to be sucked daily, confining him to low diet, and barley water as a drink. Nothing else was ordered, but an occasional saline draught.

The improvement became sensible in less than a week afterward. During this period many friends called upon my patient, each one

giving in his opinion, &c., all, I regret to say, against my mode of treatment. Being sure of a successful issue, from past experience, I paid no attention to their statements and insinuations, but continued my treatment, and to the amazement of all his friends, Mr. J. L—— returned to the bank the thirtieth day from the date of his illness, perfectly well, and has not suffered since, though the temperature has been very changeable during the spring and this summer.

If you think, Messrs. Editors, that the above remarks, although written currente calamo, are worth publishing, I shall thank you in advance, and give you my best wishes for your success.—*Montreal Journal of Medicine and Surgery.*

On Intermitting Diabetes, and on the Diabetes of Old Age. By H. B. Jones, F.R.S., Physician to St. George's Hospital.—The author's object in this communication was to point out some phenomena connected with diabetes, which he had not found mentioned by other writers. Preliminary to the record of the cases, the author offered some observations on the incorrect results obtained by calculating the amount of sugar present in the urine from the specific gravity. If diabetic urines were solutions of nothing but sugar in distilled water, the tables by Dr. Henry, and the amount of sugar calculated from the specific gravity, would give all the information required; but a multitude of other substances were present besides sugar, each of which was variable, and each of which might cause the specific gravity to vary, whilst the quantity of sugar might remain constant. To be accurate, therefore, the amount of sugar should always be determined by direct experiment, and never calculated from the specific gravity. Results were given, exhibiting the specific gravity, the amount of sugar calculated from solid apparatus, and the absolute amount of sugar obtained by direct analysis. On the subject of intermitting diabetes, the author observed that there could be little doubt that our knowledge of the nature of this disorder might be extended by means of accurate determination of the varieties in the amount of sugar in the urine passed at different periods of the day, and under different circumstances. His object in relation to this form of the disease was to record some cases in which, either from the medical treatment, or the regimen, or the natural course of the complaint, the variation in the amount of sugar was not from much to little, but from highly saccharine urine to total absence of sugar. The state of the urine a few hours after the sugar had disappeared, and an hour or two before it reappeared, was most especially worthy of attention, inasmuch as it might lead to a truer knowledge of the state of the system which preceded the commencement of diabetes. In intermitting diabetes the disease might be seen beginning and ending, and the explanation of the state of the urine which preceded the appearance of the sugar and followed its disappearance, must be included in the true theory of diabetes. Moreover, a better knowledge of the antecedent phenomena might enable us to ward off the disease, if not to treat it with more success. The records of seven cases of the intermitting form of the disease were given, and very minute particulars in several, illustrated the amount of sugar present in the

urine at stated intervals in the twenty-four hours, as well as the influence of particular forms of diet on the proportion of sugar excreted. In these cases the state of the urine just after the sugar had disappeared was worthy of attention. A remarkable excess of urea was constantly found before and after the sugar disappeared; and although this might be attributed to the animal diet, yet the occurrence of free uric acid and oxalate of lime in the urine, pointed most clearly to a state of indigestion which was every day to be found without any sugar appearing in the urine. The author offered the following theoretical contrast between ordinary and saccharine indigestion: Ordinary indigestion showed itself in a want of action on the sugar and starch taken as food, in consequence of which excessive acidity was produced—that is, the changes in the non-nitrogenous food were imperfect. Imperfect changes also occurred in the nitrogenous food; this was made evident by an excess of urates and urea in the urine, and perhaps also by the formation of oxalate of lime. In diabetic indigestion the effect might be traced also on the two great classes of food. At first from the non-nitrogenous food sugar was formed instead of acid. Ultimately, if not simultaneously, sometimes the arrest of healthy changes extended to the albuminous food, and, instead of an excess of urates and urea, other products were formed, one of which was sugar. It was possible that some of these products might be found in the urine. Possibly benzoic acid, which is present in some cases of diabetes, in variable quantities, might be one of the new products. Whether this theory were true or not, it was of practical importance to remark the tendency to acidity in these cases of intermitting diabetes. In such cases, animal diet alone, or with alkalies, might stop the formation of sugar. It followed also, that, when oxalate of lime, uric acid, and excess of urea, were found in the urine, it was probable that the diabetes might be temporarily, if not permanently, removed. The occurrence or absence of these substances in the urine might lead to the recognition of the stage of the disease, and they might thus guide us in our prognosis and treatment. The second part of the communication related to the frequency of diabetes in old age. Reference is made to a paper, by M. Dechambre, on this subject, who concluded, from observations made on the urine of old people at the Salpetriere, that sugar was habitually present in the urine of old people. The author gave the particulars of nine cases of diabetes in elderly people, and thought that the occurrence of this affection at the latter periods of life pointed also to the theory of diabetes as an indigestion resulting from an arrest of healthy changes in the food. The cases mentioned in this communication were, in the opinion of the author, opposed to the view of diabetes depending upon an affection of the nerves, or of the liver; and his daily observation led him rather to the view taken by Dr. Prout, that diabetes was an indigestion, and that it first affected the non-nitrogenous, and afterwards the nitrogenous, constituents of our food. As regarded treatment, whatever was beneficial for excessive acidity, was found equally serviceable in diabetes. Alkalies were used in all the cases with benefit. Small meals, free from sugar and acid, and the substances that could give rise to sugar and acids, constituted the best diet. He found, also, that vegetable

acids with alkalies were occasionally useful. In a foot-note, the author mentioned some experiments he had not yet published, determining the quantity of sugar in several kinds of beer and wine. Porter contained from 27 to 57 grains of sugar in each ounce of liquid; ale from 43 to 50 grains; beer 25 to 40 grains; port-wine 8.5 to 11 grains; sherry 2 to 4.7 grains; claret none. The absence of all sugar, and the presence of a little alcohol, caused claret to taste highly acid, while the quantity absolutely present was not more, sometimes less, than in other wines which have no acid taste, as, for example, most port wine.—*Medical Times and Gazette.*

Chloroform Inhalations and Injections of Air in Ileus. By MERZ.—A girl, aged 27, up to the present time in good health, was suddenly seized with stercoraceous vomiting without obvious cause. After narcotics and mild drastic purgatives had been tried without avail, injections of air per anum were administered, with the effect of mitigating her distress. Then chloroform was inhaled so as to produce complete paralysis, when a rumbling or rolling of the bowels ensued, followed by discharge of fæcal-smelling flatus and copious evacuations; the patient recovered.—*Med. Times and Gaz.*, from *Schw. C. Ztschr.*, 1853.

MATERIA MEDICA AND THERAPEUTICS.

Anæsthetic Action of the Lycoperdon Proteus.—M. Flourens related some observations made by M. Gérard upon the anæsthetic action of the lycoperdon proteus. "I took," says the author, "the lycoperdons which I had gathered last autumn; I collected their substance, and then experimentalized with about twelve grammes (℥ss) of the capillitium, mixed with the spores. I put this substance, which burns like tinder, upon a match, which kept up the combustion, and plunged my head into the smoke for fifteen minutes. The sharpness of the smoke incommoded me at first, and caused a slight degree of irritation of the pharynx; then I had a coryza, which soon passed away; then a sensation of smarting in the eyes, which I was obliged to close; but the feeling of stupor was scarcely perceptible. During the inspiration of the smoke I withdrew from the apparatus, after the carbonization of the capillitium, and in a few instants I felt a sharp pain, weight of head, and a peri-cephalic constriction, without actual suffering. My eyes, which had become red, shut involuntarily, although there was no feeling of somnolence. After four hours, the head became free, but the malaise continued six hours. The day afterwards the conjunctiva was no longer red, but the irritation of the eyelids continued. I experienced none of the lethargy mentioned in the *Gazette des Hôpitaux*, where it is stated, that the animals submitted to its action fell into a condition resembling death.

I am sure that the properties of the lycoperdon bovista and L. excipulæ fermis are the same as those of the lycoperdon proteus."—*Med. Times and Gaz.*

Succus Taraxaci Paratus.—The preparations of Taraxacum, or *dandelion* root, have within a few years past attracted considerable attention from the medical profession, and have been an object of experiment from skilful pharmaceutists both in England and the United States. The hurtful effect exercised by heat in evaporating solutions of the soluble matter of dandelion, has long been noted, and many recollect the molasses-like extract which formerly was too commonly seen, unmarked by any distinct, sensible property of the recent root. The application of spontaneous and vacuum operation in making the solid extract, demonstrated this beyond cavil, and in the last U. S. Pharmacopœia directions were given for this precaution, as well as in regard to the period of collecting the root. The *Liquor Taraxaci* (fluid extract) described by Mr. Redwood in Gray's Supplement, is prepared by macerating four pounds of the recently dried root in sufficient cold water for 24 hours, expressing, and evaporating to 36 fluid ounces, to which liquid 12 fluid ounces of alcohol is added; hence each fluid ounce of the preparation represents a troy ounce of the *dried* root. The dried root of the dandelion is more easily extracted than when it is recent, owing to the glutinous character of the juices and the difficulty of effectually disintegrating the tissue of the root, so as to completely reach the contained matter by menstrua; yet it is more than probable that the evaporation of the aqueous solution to the proper degree of concentration, not to speak of the effect of the process of drying the root in the first place, injnres the product. This is partially avoided by a process published in the 20th volume, page 86 of the Journal of Pharmacy, the *recent root* being employed, and the resulting preparation representing about twice its weight of the fresh root. In the preparation about to be described, the virtues of the root, be they what they may, are preserved unimpaired, as no heat is employed in the process; the natural juice of the plant being merely admixed with alcohol to preserve it from change. Take of fresh Dandelion Roots (collected in September or October) twenty pounds, (*av.*) Alcohol, 835, sp. gr. four pints. Slice the roots transversely in short sections, and by means of a mill or mortar and pestle reduce them to a pulpy mass; then add the alcohol and mix them thoroughly.

The mixture thus far prepared at the season when the root is proper for collection, may be set aside in suitable vessels; stoneware jars are appropriate; and extracted as the preparation is needed through the other seasons. After having stood a week, or until a convenient time, the pulpy mass is subjected to powerful pressure, until as much as possible of the fluid is removed. This is then filtered and bottled for use. It is necessary that sufficient time should elapse after the pulp is set aside for the alcohol to penetrate the fibrous particles and commingle with the natural juices, as well as for the woody structure of the root to loose its elasticity, that it may yield the juice more completely on pressure. When the pulp has stood six months in this manner it yields the juice with great readiness, and is possessed of the sensible propertes of the dandelion in a marked degree. When eight pounds, avoirdupois, of the root is thus treated, after standing several months, the practical result

is about six pints of fluid, with an ordinary screw-press. This yield will vary in amount with the condition of the root when collected, and the length of time it is exposed afterwards, as well as the power of the press used. Should the alcohol in this preparation be contraindicated, it might be partially removed by exposure in a water bath until the juice was reduced to five-sixths of its bulk, and then for every pint of the residue eight ounces Troy of sugar may be added and dissolved in it.—*American Journal of Pharmacy.*

Note on Cucumber Ointment.—Several years ago, (April, 1847,) Mr. Procter published in this Journal a note on the preparation of Cucumber Ointment, since when it has gradually come more into use as an emollient application to irritated parts of the skin. It may not be improper to again call attention to the preparation and the mode of prepaing it.

Take of Green Cucumbers, (suitable for table use,) 7 pounds, *av.*
" Lard, (the purest and whitest,) . . . 24 ounces "
" Veal suet, (selected,) . . . . . 15 ounces "

The unpared cucumbers, after being washed, are reduced to a pulp by grating, and the juice expressed and strained. The suet is cut in small pieces, and heated over a salt water bath until the fat is fused out from the membranes; the lard is then added, and when liquefied is strained through muslin into a wide-mouthed earthen vessel capable of holding a gallon, and stirred until it commences to thicken, when one third of the cucumber juice is added, and beaten with the ointment by means of a wooden spatula until its odor has been almost wholly extracted. The part that separates by standing is decanted, and the other two thirds consecutively incorporated and decanted, in the same manner. The jar is then closed covered and placed in a water bath until the fatty matter entirely separates from the exhausted juice. The green albuminous coagulum which floats on the surface is then skimmed off, and the jar put aside in a cool place that the ointment may solidify. The crude ointment is then separated from the watery liquid on which it floats, melted, and strained; a part into a jar and closely sealed for keeping, the remainder into a mortar, and triturated with a little rosewater until it is very white and creamy, for present use. It is usual to keep this ointment in glass jars covered with rosewater, to prevent access of the air.—*American Journal of Pharmacy.*